

HOUSING OUR HEROES: ADDRESSING THE VETERAN HOMELESSNESS CRISIS

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BEFORE THE
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
OF THE
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HOUSING OUR HEROES: ADDRESSING THE VETERAN HOMELESSNESS CRISIS

Thursday August 22, 2019

COMMITTEE ON VETERANS' AFFAIRS,
U. S. HOUSE OF REPRESENTATIVES,
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:03 a.m., Military and Veterans Affairs Resource Center, 2nd Floor Conference Room, 1701 Mission Ave, Oceanside, CA, Hon. Mike Levin, [Chairman of the Subcommittee] presiding.

Present: Representatives Levin, Takano, Peters, and Bilirakis.

OPENING STATEMENT OF MIKE LEVIN, CHAIRMAN

Mr. LEVIN. Good morning, everybody. Thanks for being here. I call this hearing to order.

I would like to request unanimous consent that Mr. Peters join us on the dais for this hearing. Hearing no objection, so ordered. Thanks for being here.

I want to thank everyone for joining us this morning for today's field hearing of the House Veterans' Affairs Economic Opportunity Subcommittee.

It is with great pride that I serve as chair of the Subcommittee and that I am able to bring Congress to my constituents, my district in Oceanside, California, today. For those coming from Washington, thanks for being here.

I think you recognize why I love this district so much. I hope you get to enjoy the beautiful coastline while you are here.

Our Subcommittee addresses many challenges for our Nation's veterans such as housing, homelessness, transitions to civilian life, higher education, and job training.

Today, our hearing titled "Housing Our Heroes: Addressing the Veteran Homelessness Crisis" will examine how federal, state, local, and nongovernmental resources are working together to reduce veteran homelessness. We will also review how all of these important partners can better coordinate.

Recently, I had the pleasure of meeting with VA Secretary Wilkie in my Washington office to discuss our collaboration on veterans' issues.

He made clear his desire to send more resources to southern California and, specifically, to the 49th district because, and I quote the secretary, "If you can solve veteran homelessness in southern California, you can solve it anywhere."

In 2009, the Department of Veterans Affairs committed to ending veteran homelessness by the end of 2015. There is no question that

we have taken significant steps to get our heroes the services they need with, roughly, 50,000 fewer veterans experiencing homelessness than a decade ago.

However, we have much work still to do before we meet our goal, especially in California, where 28 percent of our Nation's homeless veterans are located.

There are a number of factors that make California unique: high cost of living, several military bases close to our urban centers, and a climate that is less taxing on everyone that the includes on homeless individuals.

But while these factors contribute to homelessness, we are also a state and Nation with many resources. That means we have no excuse to fail those who proudly have served in uniform.

This Congress and my Subcommittee has continued working to improve the variety of Federal programs that currently exist to support our homeless veterans. This includes permanent housing, transitional housing, prevention services, treatment, and employment programs at the VA, the Department of Housing and Urban Development, known as HUD, and the Department of Labor.

HUD also offers some additional resources to local or regional planning organizations, also referred to as continuums of care.

But, yet, homelessness and specifically veteran homelessness continues to persist. In addition to the testimony we will hear today, and we have got some fantastic witnesses, our Committee is currently reviewing a number of bills to address veteran homelessness and each of us has authored and worked together on these bills. It is important to know that they are being done in a bipartisan way as well.

One of my bills, the Housing for Women Veterans Act, would ensure a portion of supportive services for veteran families grants go to organizations that have a focus on women veterans and their families.

This program provides financial assistance, case management, and other services to low-income veterans who are residing in permanent housing or transitioning from homelessness.

And I support two bills that my colleague, Mr. Peters, has introduced to improve the HUD-VASH program, which provides housing vouchers to our homeless veterans.

Beyond these efforts, we are here to learn from you—from our witnesses, from those in the community, about how we can better support your work, and I am going to recognize my colleagues in just a second.

But before I do that, I would like to say thank you to the staff who are here. Thank you to the staff who came out from the House Veterans' Affairs Committee.

Thank you to the staff of our respective offices and thank you to our wonderful hosts here in North County and at the county of San Diego for opening your facility.

Can we give all the staff a round of applause?

[Applause.]

Mr. LEVIN. So with that, I have got three of my friends and three great members to recognize and I would like to start with my friend, Gus Bilirakis, who is the Ranking Member on the Economic Opportunity Subcommittee from Florida. We are working together

on a number of pieces of legislation, and with that, you have five minutes or as long as you need.

Mr. BILIRAKIS. I won't take too long.

Mr. LEVIN. All right.

**OPENING STATEMENT OF GUS M. BILIRAKIS, RANKING
MEMBER**

Mr. BILIRAKIS. Thank you very much, Mr. Chairman. I appreciate it. It is great to be here in California and particularly in this part of the state and I will tell you your Member of Congress is doing an outstanding job.

I am the Ranking Member of the committee. But I will also tell you that the Chairman is doing a great job—the Chairman of the full committee, Chairman Takano.

Representative Peters and I serve on the Energy and Commerce Committee together and he is a great Member as well. But as far as the Veterans' Affairs Committee, it has been working for the most part in a bipartisan fashion and I credit these two gentleman for doing so.

So we are putting our veterans first and putting aside the labels as much as possible.

I thank all of you for joining us here today for this field hearing of this Subcommittee on Economic Opportunity of the House on Veterans' Affairs—the Committee on Veterans' Affairs.

My name is Gus Bilirakis and not only is it a pleasure to serve as a congressman for the 12th Congressional District of Florida, which includes the Tampa Bay area—I think most people know where that is—but also to serve as the Ranking Member of this Subcommittee.

Before we begin, I want to say what a pleasure it is to be here at the North County Coastal Military and Veterans Resource Center and thank my colleague and friend, of course, Chairman of the Subcommittee, Congressman Mike Levin, for hosting us today.

It is great to work with a thoughtful legislator like Mike Levin on our continued goal to provide economic opportunities to veterans.

The people of the 49th District are lucky to have him as one of their own and I will tell you that I believe that our Committee is a model for the rest of the House because we are actually getting things done for true American heroes.

Today, we are here to examine and highlight programs and benefits that help combat veteran homelessness. There has been significant progress, as the Chairman stated, made nationwide in reducing homelessness among veterans.

Several municipalities have even eliminated veteran homelessness altogether. While this is good news, as funding for homeless veteran programs at VA and the Department of Labor have reached record levels, we must ensure that we have a true picture of how this money is being spent.

While I believe it is important to provide veterans with housing through VA's HUD-VASH housing voucher program, it is even more critical for the long-term success of these veterans that they also receive comprehensive wraparound services that help them find meaningful employment.

Without helping veterans find meaningful employment, we are only providing homeless veterans temporary housing and not setting them up for positive long-term outcomes.

The Homeless Veterans Reintegration Program administered by the Department of Labor is designed to provide homeless veteran providers with grant funds to provide job training programs.

And while HVRP has been determined to be one of the most successful job training grant programs in the Federal government, I know there is always room for improvement.

I am grateful to our witnesses for giving us an opportunity to hear directly from those on the ground and this fight against veteran's homelessness about what they believe works, what doesn't work, and how we in Congress can help combat this problem.

Everyone here shares the common goal to ensure those who have worn the cloth of our country are never homeless. I also want to thank the staff, Mr. Chairman, on both sides of the aisle for doing an outstanding job and thank you for hosting. This is going to be very productive, this hearing.

Once again, thank you, Mr. Chairman, for inviting me and hosting us today and I yield back the balance of my time.

Mr. LEVIN. Thank you, Mr. Ranking Member.

I now have the great honor to introduce the Chairman of the House Veterans' Affairs Committee, who is doing a tremendous job. He is a friend and a leader on veterans' issues and in Congress generally.

We can debate whether San Diego or Riverside has the best veterans in the United States. But my friend, Mark Takano, is truly an exemplary leader in the House.

Chairman Takano, for your opening statement.

OPENING STATEMENT OF MARK TAKANO, FULL COMMITTEE CHAIRMAN

Mr. TAKANO. Thank you, Chairman Levin, and I appreciate how you and the Ranking member, Mr. Bilirakis, have worked across the aisle to improve economic opportunities for our Nation's veterans.

Mr. Bilirakis, I particularly congratulate you on the recent success on your adaptive housing bill. That was a victory not just for you but for all of us and we—and it is just an example of how whether you are a minority Member of the Committee or the majority we are moving legislation through to help our veterans and it does have to do with housing as well.

Mr. BILIRAKIS. With your leadership, Mr. Chairman.

Mr. TAKANO. Thank you. Thank you.

And, of course, to my left is a tremendous member, a classmate of mine and somebody who has always had veterans at the core of his values and it is a—you know, I can't tell you what a pleasure it is to serve with Congressman Peters.

And Congressman Levin, you have hit the ground running and this is such an important issue—addressing veteran homelessness.

This field hearing is a testament to both the majority and majority's desire to come together and examine the negative trends affecting veterans.

And veteran homelessness is one of the major issues we have to combat. The national—from the national perspective we have made tremendous progress. We really have. We have really cut down numbers of people who are veterans—of people who are homeless—veterans who are homeless.

But in southern California the challenge remains persistently stubborn. We do our Nation's servicemembers who volunteered to fight for our Nation the opportunity to successfully transition out of the armed services and an opportunity to thrive in our community.

When I became the chair of the full Veterans' Affairs Committee, I made decreasing veteran homelessness one of my top priorities. My work combating veteran homelessness did not begin in the 116th Congress.

Improving the lives of veterans has been my passion since I was first elected and, in fact, five years ago when I was the Ranking Member of the Economic Opportunity Subcommittee, which is this very Subcommittee, we held a field hearing on veteran homelessness in Riverside, California.

And since then, the county of Riverside has become the only county in California to functionally end veteran homelessness, according to the U.S. Interagency Council on Homelessness.

Now, I want to be careful. It doesn't mean that there are no homeless veterans. It is a statistical concept of functional zero—achieving a functional zero.

But nevertheless, I don't want to underplay the importance of this achievement. Although I would like to take full credit for this feat, it took the combined efforts of Congress, HUD, the Departments of Veterans Affairs, State, and local government and veterans service organizations and private partnerships to functionally end veteran homelessness in Riverside.

And the good news is it can be done. It will take an all-hands-on-deck approach to identify all veterans in the community experiencing homelessness and provide them with shelter and wrap-around services in an expedited manner.

I am heartened to see that the witnesses present today represent many of the key stakeholders that must come together to end veteran homelessness in Oceanside and throughout California throughout San Diego County.

Now, make no mistake, we in California have a long road ahead of us. Over one-fourth of the Nation's veterans—homeless veterans reside in California and the state has seen a 17 percent rise in homeless veterans from 2016 to 2018.

So even as the national numbers have gotten better, the numbers here in California have gotten worse. We understand that veteran homelessness is a complicated issue and that jobs and education are part of the solution but not the whole solution.

We must look at veterans holistically and establish correlations between mental health, substance abuse, single parent status, rank, discharge status, as well as other indicators with homelessness in order to best utilize our resources.

We know that not all homeless veterans are on the street and in shelters so we must improve our methodology for identifying and

counting homeless veterans and we must continue to improve services for homeless veterans with dependents.

We must look to new models for providing HUD–VASH vouchers to homeless veterans and, potentially, incentivize landlords to take more vouchers and we must also intervene before veterans are in crisis.

To do these things we will need the commitment of all those in the room and I look forward to working with colleagues on both sides of the aisle and everyone else here today to curtail veteran homelessness.

Again, Chairman Levin, I appreciate the opportunity to make a few comments and I look forward to the testimony today.

Mr. LEVIN. Thank you, Chairman, for your great leadership and I think the Ranking Member said it well. You know, we are working together and we are getting things done.

I know in our Subcommittee we have gotten a number of bills through Subcommittee, through full committee, and passed in the House and a number of them already signed into law. So if anybody ever thinks that nothing is happening in Washington, if you only are watching, you know, cable news they don't always cover this stuff.

But we are getting really important things done and nowhere is that more evident than our veterans and it is only possible with the leadership of Chairman Takano.

With that, I would like to introduce my friend, Representative Peters, for his opening statement. Scott has been a great mentor.

You know, when you get to Washington, nobody tells you how you set up your district office and how you actually have a good operation, and Scott and his team were incredibly gracious with us to make sure that we had a really great district office operation.

He is a great leader on the Energy and Commerce Committee and we are working together on a number of areas that are of regional importance to greater San Diego, and that certainly includes veterans where Scott is leading some really important initiatives.

So with that, I will turn it over to my friend, Representative Peters.

OPENING STATEMENT OF SCOTT PETERS

Mr. PETERS. Thank you, Chairman Levin, and thanks to Ranking Member Bilirakis for joining us today from Florida, Chairman Takano making the trip from Riverside. It is great to have you here.

If you represent the county of San Diego where we have over 235,000 veterans—I think one of the largest communities in the country—you are going to work on veterans issues.

Last term I was—last Congress I was able to be a Member of the Veterans' Committee. I am not on the Committee this Congress but I appreciate your letting me waive in and sit with you today because this is of critical importance to my constituents and the entire region.

It is a shame that we have veterans living on the streets in San Diego. I am proud of the progress we have made nationally over the last decade.

California is still challenged. But San Diego actually has seen some progress. And so I want to—I think we ought to recognize that. We have a long way to go.

But there is a lot of people in here from government agencies and nonprofits who have been working pretty hard who deserve some thanks for that.

I worked to end veteran homelessness while in Congress. I think it is important to note also that homeless veterans are twice as likely to take their own lives as veterans who are housed.

Another issue that we have with veteran suicide it is important—an important aspect of that is with respect to homelessness.

I have, as was mentioned, worked to support and improve the HUD VA Supportive Housing, or the VASH voucher program, and earlier this year we secured commensurate VA case management funding to make sure that any increase in funding for vouchers is met with equivalent funding for supportive services.

And recently I have introduced two bills, both of which have passed this committee. The first allows veterans with other than honorable discharges to receive these housing vouchers in support of services from the VA and the other second bill will direct HUD and VA to look at how best to serve homeless veterans in high-cost housing markets like we have throughout California and, specifically, in San Diego.

I won't replay the bipartisanship comments except to say that I think it is true that veterans—the Veterans' Committee is the most bipartisan forum in Congress.

I think that is a credit that has to do with the fact that we know we are all pulling together. We don't have a lot of enemies in that space.

But I do want to say thank you to the Veterans Service Organizations. The VSOs provide a tremendous amount of guidance from the veteran's community itself to help us make sure we get it right and to call us out on both sides of the aisle when we are not getting it right. And so we want to thank you for that.

And I just also want to thank the folks from the VA from Washington and locally for the work that you do. It is not easy.

Sometimes Congress doesn't make it easy on you. But the work is very important and thank you for being here and for what you do.

And with that, I yield the rest of my time.

Mr. LEVIN. Thank you, Representative Peters.

I want to echo the thanks to all of those from the VSOs that are here. This hearing today doesn't substitute for the ongoing dialogue that we have with you.

You inform the work that we do in Washington and we encourage you to continue working with us and to, you know, work with our district staff.

In our district office we have got a veteran, Andy Ortega, who is here somewhere. You can raise your hand, Andy.

So if anybody has complaints you can direct—no, I am kidding. [Laughter.]

Mr. LEVIN. But no, we are here—we are here to help, and we do a ton of veteran's case work out of our Oceanside office. So very grateful for that work.

We have got a really terrific first panel with some real leading experts locally and I would like to just very briefly introduce everybody.

First is Dr. Robert Smith, the director of the San Diego VA health care system, doing an outstanding job serving our veterans here locally. I am grateful for the opportunity to have gotten to see what you do firsthand.

I am grateful for you being here this morning for all you do for our veteran community.

Assistant Secretary Hunter Kurtz, thanks for coming out from Washington. You join us from the U.S. Department of Housing and Urban Development where you oversee the Public and Indian Housing program. Thanks for being here.

My friend, San Diego County Supervisor Nathan Fletcher, you are a true leader in our community. I am grateful to work with you on a whole host of issues.

Thank you also for your service in the Marine Corps and thank you for everything you have done specifically on the issue of veteran homelessness in San Diego.

And finally, Ms. Ginny Puddefoot, executive officer of the California Homeless Coordinating and Financing Council.

Thank you for being here. Appreciate it very much. Great panel. Want to get right to it. All of you will have five minutes. Your full statement will be added to record.

But with that, Dr. Smith, you are now recognized for five minutes.

STATEMENT OF ROBERT SMITH

Dr. SMITH. Good morning, Congressman Levin—excuse me, Chairman Levin, Chairman Takano, Ranking Member Bilirakis, and Congressman Peters.

Thank you for the opportunity to testify today on the topic of veteran homelessness, the challenges faced by homeless women veterans, and the risk factors and unique challenges faced by homeless veterans with respect to nutrition, employment, and criminal justice.

The VA San Diego San Diego health care system serves veterans throughout San Diego and Imperial Counties. Our facilities include the medical center in La Jolla, community clinics throughout the region, and the Aspire Center—a unique residential treatment program for PTSD and mild TBI.

In 2018, we provided care for approximately 85,000 veterans through nearly 1 million outpatient visits including approximately 110,000 visits conducted at the Oceanside clinic.

As a complexity 1-A health care system, we provide a wide array of medical, surgical, mental health, and advanced rehabilitation services.

The January 2019 point in time count reported a total of 8,102 homeless individuals of which 1,068, or 13 percent, identified as veterans. Of those, 624 were sheltered and 424 were unsheltered.

The total number of homeless veterans in the region decreased by 18 percent from 2018 and the unsheltered veteran count decreased by 35 percent, and I would like to compliment my staff as well as our community partners on their efforts to make that occur.

Since 2011, the overall number of homeless veterans in the region has decreased by 35 percent. The same 2019 count identified 483 homeless individuals in the city of Oceanside. We estimate that 63 of those are veterans.

VA San Diego currently has 97 staff within the various homeless programs, including fifty-two and a half who are assigned specifically to HUD-VASH. We have 1,824 HUD-VASH vouchers allocated and 1,411 veterans are permanently housed using those vouchers.

Our staff connect homeless veterans to a wide variety of services including the HUD-VASH program, grants and per diem programs, and adjunctive programs such as supportive services for veteran families, rapid rehousing, and homeless prevention.

The team manages an array of homeless veteran outreach programs through street and clinic-based services. These include staff assigned to the Veterans Bridge Shelter, our justice outreach program, or field work with community partners.

Identification of homelessness is also embedded in our primary care and mental health programs where veterans receiving care are regularly screened for homelessness or risk factors for homelessness.

VA San Diego enjoys a robust relationship with our community partners. Our staff serve on the Regional Task Force on the Homeless and collaborate with coordinated entry system. Our homeless program director chairs the monthly meetings of the Regional Veterans Consortium, which includes providers and community partners seeking to end veteran homelessness.

Our homeless program and suicide prevention staff collaborate with our community partners to provide training and to assure that case management staff can address the needs of veterans in crisis.

They meet regularly to discuss and develop treatment plans for high-risk veterans. Our homeless veteran's community employment services program connects veterans to local employers and assist veterans through individual and group services to access competitive employment.

The 2019 point in time count also identified 83 homeless women veterans. Providing service and support to homeless women veterans is a priority for us. We provide services to women veterans in the grant and per diem programs including those located at Interfaith Community Services in Oceanside and Veterans Villages of San Diego, or VVSD.

The local Veterans Bridge Shelter operated by VVSD provides dedicated shelter beds to women veterans. VA San Diego staff have close relationships with the shelter and assist with immediate referrals for women veterans.

Our homeless program staff collaborate closely with our women's veteran programs overall to provide access to tailored health care services.

We have approximately 10,000 women veterans currently enrolled with us and we provide a full range of services including dedicated women's health providers in all of our community clinics, gynecological specialists on staff, and strong maternity care programs through our DoD partners and the community, as well as

any needed mental health services including military sexual trauma and intimate partner violence prevention programs.

Food insecurity among veterans is also a priority for us. VA San Diego partners with the San Diego Food Bank and other community agencies to address the needs of veterans. VA San Diego is committed to providing the high-quality care our veterans have earned and deserve.

We continue to improve access and services to meet the needs of all veterans. We are committed to working with our community partners to end homelessness among veterans.

We support all efforts to increase homeless veteran HUD-VASH prioritization eligibility. We appreciate the opportunity to appear before you today and the resources Congress provides the VA to care for veterans.

Mr. Chairman, this concludes my testimony. I am prepared to respond to any questions you may have.

[THE PREPARED STATEMENT OF ROBERT SMITH APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Dr. Smith. I appreciate that.

Assistant Secretary Kurtz, you are now recognized for five minutes.

STATEMENT OF R. HUNTER KURTZ

Mr. KURTZ. Good morning. Thank you, both Chairman, Ranking Member, and Congressman Peters for this opportunity to discuss the Department of U.S.—I am sorry, the U.S. Department of Housing and Urban Development's efforts to end veteran's homelessness.

This is actually my first hearing since I have been confirmed and I can't think of a better issue to have that be.

HUD is committed to ending veteran homelessness by working collaboratively with our partners in maximizing the effectiveness of all existing resources.

Since 2010, there has been an overall decline of 49 percent in veteran's homelessness and to date 77 communities and three states have effectively ended veteran's homelessness.

Thanks to funding from Congress and close collaboration among Federal and local partners, the Nation continues to make progress in reducing veteran's homelessness and creating sustainable Federal and local systems that quickly respond to veterans' housing needs in the future.

I am honored to serve as HUD's assistant secretary for Public and Indian Housing, the office that administers the HUD Veterans' Affairs Supportive Housing program, or HUD-VASH.

In the HUD-VASH program, local housing authorities and local VA medical centers work collaboratively to provide homes and critical services to some of the most vulnerable veterans.

I am a houser at heart and I can attest that this program has been successful in providing home—at providing a home, not just a house, to our Nation's veterans.

The HUD-VASH program has been a very successful tool in addressing veteran's homelessness. Since 2008, HUD has awarded over 97,000 HUD-VASH vouchers to PHAs across the country.

These vouchers have helped over 174,000 veterans move into housing.

There are currently over 76,000 veterans that are in housing due to HUD–VASH vouchers. This partnership between HUD and the VA has been a model of interagency collaboration, both at the headquarter level and on the ground.

Currently, the housing authorities in California who administer VASH vouchers are providing housing opportunities to 15,000 formerly homeless veterans.

In Los Angeles County, there are 6,540 homeless veterans counted in 2009. This latest point in time count has demonstrated a reduction of 41 percent in veteran homelessness from a decade ago.

Local agencies such as the San Diego Housing Commission continue to engage in collaborative efforts with their local partners to seek innovative solutions to address homelessness.

The restoration of the Hotel Churchill, a historic landmark hotel located in the heart of downtown San Diego, is one such example of the life changing results that come out of locally-based collaborations.

Built in 1914, the Hotel Churchill had become a vacant and abandoned property when the SDHC acquired it in 2011. After a \$20.6 million restoration and rehabilitation, the Hotel Churchill became repurposed as a 72-unit affordable permit supportive housing development with 56 of those units dedicated to formerly homeless veterans.

Residents of the Hotel Churchill receive on-site supportive services including mental health, social and recreational services, and life skill courses, all to ensure their long-term success.

In Los Angeles County, which has the largest VASH allocation nationwide, PHAs are engaging in a number of collaborative efforts to meet the serious challenges of operating with an extremely high cost rental market.

These include inter-jurisdictional agreements between PHAs to eliminate delays caused by portability and expand housing choice for veterans, adopting a standard PHA application form to reduce confusion for veterans and VA case workers, and working with local and county government to support landlord outreach incentive programs.

HUD and the VA are currently focused on changes to the allocation of new HUD–VASH voucher and supporting PHAs in their effort to improve utilization.

For example, HUD made changes to the eligibility criteria for the FY 2019 HUD–VASH allocation, only awarding additional HUD–VASH vouchers to those PHAs utilizing their existing resources.

HUD believes it is critical that all existing HUD–VASH resources are being used as efficiently and effectively as possible to serve the maximum number of veterans across this country.

A great deal of progress has been made over the years in the way HUD works with other agencies to address veteran's homelessness.

The HUD–VASH program continues to be a model of interagency collaboration and one of the best tools for ending veteran's homelessness.

We must continue to find ways to maximize the effectiveness of the HUD-VASH program while also assisting communities in utilizing all available homeless assistance resources.

Thank you very much for this opportunity to discuss HUD's efforts to end veteran's homelessness and the improvements we are making to our program to achieve success.

Thank you all.

[THE PREPARED STATEMENT OF R. HUNTER KURTZ APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Secretary Kurtz, and I think we all look forward to working with you and with HUD in the months ahead. Appreciate your coming out, being here.

With that, I would like to recognize Supervisor Fletcher for five minutes.

STATEMENT OF NATHAN FLETCHER

Mr. FLETCHER. Thank you, Mr. Chairman. I appreciate you having this hearing and having us here. I think you and I share the distinction of the elected officials in the room. We have the least seniority of anyone.

We are the baby elected officials, having just been elected the last time.

But I say that because I appreciate our first conversation we had post-election. You said, "What can I do to help our veterans?" This is an important issue and I joined you in your town halls on this issue and I appreciate you having this.

And Chairman Takano, thank you for your work on deported vets. I know for many years we worked together on that, and appreciate that.

And then to my local member, Mr. Peters, thank you. I know for many, many years you have been standing up for us in San Diego and for decades, in fact, going back. And so we are incredibly grateful for that.

Mr. Bilirakis, welcome to San Diego. We appreciate you being here. Spend lots of money.

[Laughter.]

Mr. FLETCHER. The weather is nice and we are very grateful for you making the time on this issue.

I just want to touch on, briefly, in addition to being a member of the county Board of Supervisors, I sit on the Regional Task Force on Homeless on the board there where we work on these issues, and the governor recently asked me to join a statewide homeless in support of housing task force.

Our first hearing is next month. And so we spend a lot of time addressing these issues and I think we all share the same commitment and, certainly, as someone who served—I spent 10 years in the Marine Corps—it is always striking as a society that if we have the moral authority to send young men and women to war, then we have the moral obligation to care for them when they come back.

And as a society if we don't want to put forward the efforts at all levels of government to do that, then we can stop making combat veterans.

But given there is always the funding available to fund the making of them, I appreciate the commitment to find the funding to make sure we take care of them on the back end.

I think a lot has been said. You know, in San Diego we have almost a quarter of a million veterans. About 10 percent of our region's Active duty transition out every year, and has been talked about there is issues surrounding the high cost of housing.

There are issues surrounding the stigma of post-traumatic stress, the stigma of mental health injury, which often precludes veterans from getting the care that they need, and that provides a compounding situation which leads us to the point where we have homeless veterans despite tremendous effort and tremendous resources being put forward.

And I just want to tackle one issue just quickly on the issue of behavioral health and mental health care, which is one of the largest things that stops veterans from getting it is the stigma.

The VA provides incredible care. I am the greatest possible fan of the VA. I get care at the VA. I have never had a bad experience at the VA. I don't know veterans who have had bad experiences at the VA.

The problem is getting veterans to go to the VA and ask for care that they don't want anyone to know they have, which goes into the stigma issue, and if we don't tackle that then the veterans won't access the available services.

Their untreated mental health issues will lead to self-medication, often via substance abuse, which will then trigger a downward spiral into the issue of homelessness. And so I think that is a really important point.

And I think efforts to counter any movement to try and privatize or outsource the VA are critical because that is a safe place for us to go.

We get culturally competent care from people who care about us and understand us and I think the integrity of that needs to be maintained.

The VASH voucher is the lifeline and the Federal government's commitment to that is essential and I am very appreciative to Congressman Peters and Mr. Levin for introducing legislation to protect that funding. Efforts to siphon money off for other areas are things that can't go.

And then a critical point, which was mentioned earlier, is making sure it is not just the VASH voucher; it is the case management that goes with it. We don't want to just shelter or warehouse people. We want them to get on a path to being better.

One of the challenges we have in the local entity is how do we get landlords to be willing to accept us. We have an indescribably expensive rental market in San Diego County, which is compounded by a variety of factors.

At the state we are looking at things we might do to try and control the rents. But we are launching landlord assistance programs through the county.

We are providing leasing bonuses, application expenses, damage claim reimbursements, security, utility deposit assurances to try and get landlords to do their job, to accept those vouchers, and I will certainly—am open to any form of incentive or encouragement

or perhaps pressure to try and make sure that we can do that and that is something, certainly, that is on us to try and tackle.

And then I think there is a variety of other areas that we can get into where we have to do more. Certainly, TBI is an issue, not just PTS. San Diego County does not have a memory care veterans in nursing homes.

The state of California funds several of those in other areas—San Joaquin Valley, Sacramento Valley, West Los Angeles, Napa Valley.

We have the Chula Vista Veterans Home but it doesn't provide specific services for those who are suffering from dementia and we know that TBI often leads and triggers into those issues.

And so that is an area where we not only work with the Federal government but with the state government as well to see what else we may be able to do.

But I am incredibly grateful for this hearing and incredibly grateful for all of you as a veteran that you care and that you take the time to work on these.

So thank you very much.

Mr. LEVIN. Thank you, Supervisor. We are grateful for you leading the way.

With that, I would like to recognize Ms. Puddefoot for five minutes.

STATEMENT OF GINNY PUDDEFOOT

Ms. PUDDEFOOT. Thank you.

Good morning. My name is Ginny Puddefoot and I am the executive officer of the California Homeless Coordinating and Financing Council.

The Council is under the California Business, Consumer Services, and Housing Agency, and is chaired by Alexis Podesta, the Secretary of the Agency.

The California Department of Veterans' Affairs—CalVet—is represented on the Council by Undersecretary Russell Atterberry, who, until January 2019, served as Vice Chair of the Council.

First, I would like to give you a few facts and figures about homelessness and veterans homelessness in California. California, as you know, has 39½ million residents, or about 12 percent of the Nation's population.

But it has 25 percent of the Nation's homeless—over 130,000 people—and I do want to point out that is based on the 2017 Point-in-Time count. We know the numbers have gone up since then.

We have the largest number of veterans of any state, about 2 million. That is about 8½ percent of the Nation's veterans. But we have about 28 percent of the Nation's homeless veterans, roughly 11,000.

The homeless Point-in-Time count—well, the 2019 count occurred earlier this year. While the final numbers from HUD won't be available until the fall, the vast majority of local reporting agencies are reporting increases in their homeless populations.

In contrast, we have seen progress in reducing veterans' homelessness. For example, Los Angeles County has reported an overall increase of 12 percent in its total number of homeless but reported a slight drop in the number of homeless veterans since 2017.

I know we are in San Diego. I do also, though, want to acknowledge our neighbor to the north, as Chairman Takano did, in being the first county in California to achieve functional zero when it comes to the number of homeless veterans.

That means that homelessness among veterans in Riverside County is rare, brief, and nonrecurring, and no veteran is forced to live on the street.

There is, clearly, still a tremendous amount of work to do in addressing homelessness in general and veterans' homelessness specifically. Some of that work is underway throughout the state.

In 2014, California voters approved Proposition 41, which created the Veterans Housing and Homelessness Prevention Program and provided \$600 million to fund it.

It provides new affordable housing for veterans and their families with an emphasis on developing housing for veterans who are homeless or at risk of homelessness.

It places a priority on projects that combine housing and supportive services and encourages and fosters innovation—innovative financing by leveraging public, private, and nonprofit fiscal resources.

The funding is administered by CalVet and the Department of Housing and Community Development in close consultation with the California Housing Finance Agency.

To date, 17 projects comprising 546 units have been completed and are currently occupied by veterans. Another 47 projects comprising 1,772 units are in the pipeline.

Last year voters passed another ballot measure, Proposition 1, the Housing Programs and Veterans Loan Bond. Proposition 1 authorized \$4 billion in bonds, including \$1 billion for the CalVet home loan program.

The CalVet home loan program provides loans with below market interest rates with low or no down payment requirements. Nearly all California veterans are eligible for this program.

The voters also approved Proposition 2, which allows revenue from 2004's Proposition 63 to be utilized for housing programs. Specifically, this funding will fund the No Place Like Home program, which provides \$2 billion in funding for development of permanent supportive housing for people who are in need of mental health services and who are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness, and the process for getting that money out the door is underway.

More immediately, in the 2018 and 2019 Budget Acts a total of \$1.1 billion was appropriated to provide flexible block grant funding to local jurisdictions, specifically, the largest cities, all of the counties, and the 44 Continuums of Care.

These funds are designed to provide short-term assistance to local jurisdictions until the longer-term programs are online. It can be used for a variety of services, including to address veterans' homelessness.

Thank you very much for the chance to participate in this hearing this morning.

[THE PREPARED STATEMENT OF GINNY PUDDEFOOT APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you for being here. Thanks to everybody for their opening statements. I would now like to recognize myself for five minutes to begin the questioning and I would like to begin with Supervisor Fletcher.

I want to thank you again for your service to our country and now your service on the Board of Supervisors as well as your time in the state legislature and particularly on the clear and pressing issue that we are talking about today—veteran homelessness.

And I was wondering, before we dive into specific solutions we will be hearing from a lot of people as well on the second panel who are out there in the field working on these issues every day.

Could you paint a picture for the hearing record and for our benefit of the current state of veteran homelessness as you see it in San Diego and anything we should know about the veteran population that is homeless?

Mr. FLETCHER. No, thank you for that.

I think when we look at—you know, a number of folks have alluded to kind of recent numbers and kind of point in time count.

In that—in that recent point in time count, which is just a snapshot—it is not a total picture. It doesn't encapsulate the entirety of the problem. It is one morning and one day.

We identified in that 1,100 people who identified—who were identified as veterans.

Now, out of those, 653 were in a shelter. So they were sheltered and they were housed and they were covered. Four hundred and forty-eight were unsheltered.

That is a 32 percent decrease from the point in time count the year before and there is other data that suggests in San Diego County it is going down and getting better.

I think, from my perspective and where I sit, I think the biggest challenge that we face, again, is getting landlords who are willing to accept those VASH vouchers.

We just got some—we have an ad hoc measurements committee at the RTFH where we are really looking at system metrics of how we could hold ourselves accountable for what we want, and the number of veterans who have a voucher but are not utilizing that voucher is of great concern to me because that is where you all are doing your job to provide the resources and provide the funding and we have to do our job to do that.

Now, again, you know, I alluded to the fact that the rental market is incredibly tight. We have NIMBY challenges in terms of siting new facilities and siting new housing. We have a challenge with app-based home rental.

We have vacancy issues with foreign wealth funds buying floors in new towers. We have a lot of things that are contributing to that.

But we have to find a way to crack this nut to make sure that that veteran who has that voucher has a place to go because when we have challenges in general in homeless we don't have similar programs where someone will pay to house somebody, and so this ought to be the easiest problem to solve.

And so that is where I think we have to move swiftly to identify available land to build housing. At the county we are doing an in-

ventory of all of our housing in my district. We have multiple projects going.

We have 404 units going in Claremont. We are doing somewhere between 120 and 160 units in downtown where we take government-owned land and build, and then provide the services.

And then I just want to go back and really tackle or really highlight, Mr. Chairman, what I think is a really important component, which is when we talk about the epidemic of veteran suicide, the most common refrain you see in the debate is, well, fix the VA.

Well, I have already alluded to we could always make it better. We always can make everything better. But if you read the actual studies and the information you will see that somewhere north of 80 percent of veteran suicide never called the VA.

They never called the VA, and had they called the VA they would have got world-class care. The reason they didn't call is because of the stigma associated with it.

So if you think about in our society two Marines are in combat side by side, one gets nicked with shrapnel—no scar, no lasting impact, right—they get a medal and we honor them for their sacrifice.

The veteran right beside him has devastating post-traumatic stress from the exact same combat experience and they don't get anything. We, as a society, still have a stigma around the unseen wounds of war that is preventing veterans when they transition out from getting help.

Getting that help is what will keep them housed and keep them employed and keep them in a life of purpose. And so we have to deal with the downstream issue of those who are suffering.

Get them substance abuse treatment. Get them mental health treatment. The efforts to help those regardless of their discharge status is vital and we got to get landlords to accept.

We got to site more housing to get those services there. But I really think tackling the stigma on the front end is a national issue that is of paramount importance because, again, in so many populations the problem we have is they don't have access to behavioral services.

Veterans have access to the services. We just got to get them to ask for it. And so I just think that is a really important component as well.

Mr. LEVIN. Thank you. I really appreciate that, and I have questions for all the rest of you as well. So if it is okay with my colleagues we will go ahead and do two rounds for this panel before we move on to the second panel.

So with that, I would like to recognize the Ranking Member for five minutes of questioning.

Mr. BILIRAKIS. Thank you. Thank you. Appreciate it very much and I want to thank the panel.

From your point of view at the local level, what is the one message or need that we need to take back to Washington that would make your job easier or would reduce homelessness among veterans? I think that is the bottom line. Why don't we start with you, sir, if you don't mind?

Dr. SMITH. Thank you for that question, Congressman Bilirakis. I think I would say affordability may be the one word. Our biggest

challenges, as Supervisor Fletcher said, is often in finding affordable housing for the veterans that need it.

Certainly, I think there are other challenges in reaching out to veterans and making them come forward, becoming aware of all of them. But that would probably be the single largest challenge.

Mr. BILIRAKIS. Can I ask you a question, again, for the panel and I know—I want everyone to answer the first question.

But why do you think we have a high percentage of homeless veterans here in California as opposed to some of these other states? Is it the climate? Are they natives or do they move here? Is it because of the cost of living?

Why do you think that is the case? Because it sounds like you guys are doing—and gals are doing a great job, and I know we have the funding.

We can always increase the funding, put an emphasis on veterans with HUD as well, which, you know, I would like to ask that question. But, yeah, what do you think, Mr. Smith? What do you think, Dr. Smith?

Why do you think there is such a higher percentage here in California? I know we have more veterans here in California. There is no question. I think—I remember Florida is number three but California is number one with regard to vets.

Dr. SMITH. I would probably say, Congressman, yes to all of your suggestions. I think it is multi-factorial. It is the climate.

It is the fact that San Diego and southern California is welcoming to veterans. I think there is at times economic opportunities here that people seek.

California is often viewed as the land of opportunity and many veterans have served in southern California at different times and remember the area fondly.

So they may come back here seeking services and there is a reputation that we and others have of providing help to them so they may be coming seeking help as well.

Mr. BILIRAKIS. Okay. Yes, sir?

Mr. KURTZ. To your first question —

Mr. BILIRAKIS. Yeah. Yeah. That would be fine.

Mr. KURTZ [continued].—I would say—I would start off with that we also have a program, the Tribal HUD-VASH program, that deals with Native American populations and that has not been permanently authorized.

On the second question, I would say, you know, probably—as Dr. Smith said, sort of yes to everything but definitely affordable housing issues as well as—this is my first time in southern California and I think the climate would be.

[Laughter.]

Mr. BILIRAKIS. Yes. It is very nice. Last night I felt like—I was outside and I thought it was indoors in air conditioning. So it is very pleasant.

Mr. FLETCHER. I don't think—I have yet to be convinced by data that veterans shop for the best place to be homeless. I think that the climate is very nice, I think, but—and we certainly have a lot of veterans here and we have a lot of folks who served here and want to stay here.

But we have a disproportionate number of homeless compared to the percentage of veterans, which indicates to me that there is something else that is going on there and I think it simply goes back to the cost of housing.

Our cost of housing is astronomically high. I was recently in Kansas and if you are a veteran in Topeka, Kansas, you can use your VASH voucher. Someone will take it. There will be a housing that will be there.

The other challenge that we face in California is as we confront the issues of wildfires, of climate change, of carbon emissions, of vehicle miles traveled, the challenge for us to increase our supply of housing is to increase our density in existing areas of housing. And so everyone wants you to build housing as long as you don't build it anywhere near them.

Well, the problem is you can't build housing that isn't near somebody and so—and so because there is nowhere to go where you can do it and still meet the other goals we have.

And I will give you a specific example. I think it was three years ago. I looked it up exactly. We had an affordable housing project that was going in the city of Poway. Wonderful folks—love their country, love their veterans. It was 11 units.

I mean, it was all of 11 units, and traffic was mitigated. Everything was taken care of, and we had more veterans on the waiting list than spots available.

But the opposition to that was outrageous and community opposition killed 11 units that all would have gone to veterans with the promise that they would bring it back in the right spot and here we sit three years later—those 11 units have not been brought back.

And so we have a challenge that we have to overcome as policy makers of addressing legitimate community concerns, making sure things work with traffic and all those issues and safety, and then saying at the end of the day we have to build this housing.

And I don't think it is a disregard for veterans. It is just a disregard for veterans who have mental health issues or substance abuse issues or who are low income and have affordable housing because those are the three categories of housing that no one wants near them.

And so I think that there is a notion of—and I will wrap up—there is a notion of—you know, I have heard the analogy of—you know, it is like we have neighborhoods who say there is a leak in your side of the boat. You know, go fix it somewhere.

Well, we are all in the boat together and there has to be a collective sense that every neighborhood in every community is going to have to shoulder its share of the load and take in affordable housing, permanent supportive housing, behavioral health and substance abuse programs and we can design them in a way that preserves the integrity of the neighborhood.

But that is a fight we have here in San Diego and I am constantly engaging with community groups and they say, well, we don't want these folks here, and I say but those folks are there now.

They are in your canyons. They are in your alleys. They are on the streets. So let us get them in a clean safe environment for a

better thing. And so we just have to have the courage to persist here.

Mr. BILIRAKIS. Agreed. Thank you. I yield back.

I know we have another panel.

Mr. LEVIN. We will have another round. And with that, I would like to recognize Chairman Takano for five minutes.

Mr. TAKANO. Thank you, Chairman Levin.

Supervisor, I want to—I want to delve more into this topic because it is not just here in San Diego. I was talking to one of the L.A. County supervisors and this particular supervisor was telling me stunning stories about projects—housing projects specifically designed to help veterans, and this supervisor was just astounded at the virulent opposition.

And I was—you know, I understand—you know, Riverside was one of the places in the 1980s that rapidly developed and I understand the backlash that communities can have against developments—rapid development.

I can understand what, say, high-density developments that have a low income element to it. People in single family homes—detached homes will rally and say, we don't want poor people in our community.

So and I think this is playing out all over various communities in California, and but I was—you know, the good will toward veterans, and as I think you say, it is veterans with substance abuse challenges—veterans that—this is what the community gets wind of and then they rise up.

What do you think—do you have more—I mean, you are new to this but I think this is—I think supervisors and county and city council people, the people who have to make these land use decisions have the hardest job, really.

Mr. FLETCHER. Well, no, and I think a lot about this. This dominates a lot of my thought, both as a supervisor who has land use authority and on the unincorporated areas is where we have less opportunity but as someone who delves on these issues, but also as someone the governor also appointed me to the California Air Resources Board where we are tasked with meeting our greenhouse gas emission targets and goals.

And so we have these conflicting goals of we have to significantly increase the availability of housing not just for veterans, not just for those who are homeless, but you got folks that are working.

I mean, you have folks that are working a full time job and living in their car, and so we have to increase the housing there.

And so the notions—the intersection, I believe, Mr. Chairman, is the intersection of transportation and housing. So part of this is community opposition. We have to design projects.

We have put together things that we know are going to work, right. We can't have a devastating project. We can't put a 100-story tower in the middle of a residential area and it would be devastating. It would be bad.

We have to design them in a way that mitigates legitimate community concerns and then we have to have the courage to overcome pure NIMBY-ism against people because they are low income or they are suffering from an illness or an addiction, right, and that

is on us because we are going to be held accountable for not addressing the problem, and so you are going to get grief there.

I think we have to be willing to take the grief to address the problem.

But the other component of this, particularly in California, is issues surrounding transit and transportation. And so where we have the greatest potential and opportunity for growth is in the urban areas where we do urban infill and we increase density.

Now, because of the challenges we face with vehicle miles travelled, up over a billion in San Diego County in the last 10 years.

Although we hit our 2020 climate change goals, we are not on track statewide to hit our 2030 goals. In fact, we are going in the wrong direction.

And so the only way we are going to do that is by changing the way we approach transportation to have an actual investment in transit in areas where we have density of housing and density of employment, and if you can do that then you can start to alleviate some of the traffic issues, some of the greenhouse gas issues, some of the parking issues.

But, again, that requires a fundamental change in thinking—of rethinking. It is not just about expanding freeways, which we know an induced demand only increases congestion.

It is about getting even a small percentage of those folks out of those and into transit. And so I think the intersection of transportation and housing is vital to tackling this issue broadly and getting communities to realize that we can add this and it is not going to increase their local congestion.

And then some of this is just a change of mindset. We have to go out and make the case for why these programs are important, why they are, and then sometimes we have to do the difficult work of—you have 17 folks from a neighborhood and they are really upset.

But there are 17 of them. You know, this is the project I have in Claremont. I got 404 units going in. And so we have to at a certain point do everything we can to build consensus and coalitions and get people to buy in and then at a certain point we got to pull the trigger and we got to approve things, and we have to be willing to take that and go out and explain for why that is in our collective interest and good.

And so some of it is overcoming community opposition and some of it is folks in my situation being willing to make the difficult decisions.

And then the last point I will say on this is there has been a great debate in state of California at the legislative level about how really should have land use authority.

We saw Senator Wiener introduce legislation that in many ways would take that away from local entities, right, and create more by right development in areas where the development is right.

And my message to local governments, and it is heresy for a local government to say this, but if we can't get the job done then maybe they should take it away.

If local governments can't figure out how to approve the housing that we need in appropriate areas, right, then perhaps we shouldn't be the ones tasked.

There is nothing written, you know, in society that we are the only ones that have land use. And so I think that continual pressure that you see from the governor here in terms of suing local jurisdictions for not hitting their Wiener targets and in terms of the legislature, in terms of looking at very controversial changes to how we zone and land use I think are very important conversations that have to be had but have to lead to an increase in density.

Mr. TAKANO. Thank you.

Mr. LEVIN. Thank you. I would like to recognize Representative Peters for five minutes.

Mr. PETERS. Thank you, Mr. Chairman.

Actually, as the supervisor was speaking I actually wrote down Poway on my note before you got to me because that was the—that was sort of the illustration of one of the challenges, which is you had a community that you would suspect would be supportive of veterans but they all came out against this 11-unit—you know, 11 units is not 10,000 units.

And I think it was—I think, frankly, the unwillingness of the local elected(s) to do what you said, Supervisor, which is to stand up to that was really shocking but not uncommon.

And I would just add I think that it is clear that one of the biggest—maybe the biggest challenges for us in homelessness in San Diego is the cost of housing in general.

In general, more supply will lower the cost of housing, and I agree with what you said except that I think in the gap is something we call the environmental quality—California Environmental Quality Act, which empowers single individuals to file lawsuits against projects, even if they have nothing to do with the environment—even if they are on surface parking lots, have nothing to do with sensitive resources.

That has got to be cut back so that local elected officials can do their jobs and be empowered and not be disempowered or undercut by lawsuits by one—literally, one or two disgruntled people.

I think we have not come to grips with that and if the state would take one action short of taking away land use authority is empower local elected officials to do what you said.

Let us give them the chance to do the right kind of development to build more housing in a way not just to preserve the neighborhoods but improves them through investment.

So I certainly agree with you. And, Supervisor Fletcher, we are lucky to have you in this position with your background and with your history of fighting for these issues.

I do want to ask specifically—I am going to get to you, Ms. Puddefoot, with the same kind of question—what is it Congress can do to bolster these programs for veterans, especially those with chronic homelessness? What do you think are the priorities we should take back for this Committee and, in general, for Congress?

Ms. PUDDEFOOT. Well, I am, clearly, not an expert on veteran homelessness. But I can speak briefly about the chronic homelessness issue.

I think that is one reason that the state has put an emphasis on the development of permanent supportive housing. We know that there is a need for housing that is combined with services that are tailored to an individual and are not time limited and that provide

an opportunity for, whether it is veterans or other chronically homeless, individuals to receive the ongoing support they need to stay housed.

I think one of the things that we haven't spoken to—touched on here—is that it is much more cost effective to keep people housed than it is to address their needs once they are homeless.

And so, you know, when we are looking at this from our perspective and being tasked with looking at ways to reduce the overall numbers of homeless in California generally, one of the areas that we are really focusing on is rapid rehousing or diversion before homelessness actually occurs.

Mr. PETERS. Those are programmatic suggestions or the descriptions of what California is doing. The implication, I think, is that you want us to continue funding or increase funding in the Federal government. Is that it? Is that your answer?

Ms. PUDDEFOOT. You put me in a little bit of an awkward spot, given my position here. But I think definitely funding is at the heart. Programs follow funding.

Mr. PETERS. Can I just ask a specific question about the California response to leveraging resources like the low-income housing tax credit?

We understand that lost a little value with the tax plan that Congress passed—the president's tax plan in 2017, I guess—because there is not as much to write off against it.

Can you tell us if there is ways you think that that program can be improved from the perspective of housing California's homeless?

Ms. PUDDEFOOT. You know, I am not—I am not able—I am not versed, unfortunately, in that—

Mr. PETERS. Okay.

Ms. PUDDEFOOT [continued].—and can't address that. I will say that in addition to funding one of the most important areas, whether it is federal, state or local, is to really align programs and supports and funding.

I think that collaborative process to sort of minimize the administrative burden on local jurisdictions is really critical.

Mr. PETERS. Okay. And—

Ms. PUDDEFOOT. And that is one reason we provided flexible block grant funding.

Mr. PETERS. Supervisor Fletcher, maybe 30 seconds.

Mr. FLETCHER. Yeah. One thing I think from Congress that would be incredibly helpful there is tremendous instability in general in the Federal government. It is not from your branch of government and it is not from the Supreme Court.

And so I think—I think—but the problem is—the problem is we are dealing in markets and we are asking people to make long-term commitments to build projects.

We are asking them to make long-term commitments to site property, and the instability is a real problem. And so knowing that the VASH voucher will be there, it will be funded, it will be protected—knowing that these HUD programs will be there, they will be funded, they will be protected, is a really important thing that sends signals.

When I go to folks and say we need to do this and when there is all of this instability—people don't know day to day what will

happen—it makes it hard, and none of these problems will solve themselves quickly.

And so I just think that continued commitment to the HUD funding—not just veterans housing, all their housing programs because we are cobbling things together to try and make them work.

And that is where I think—I think the Congress, in a bipartisan way, can be that source of stability to say these are things we are going to fight to protect and ensure will be there and that is a specific thing that would be helpful to us at the local level.

Mr. PETERS. Okay. Thank you. I yield back.

Mr. LEVIN. I wanted to thank you for that because it is a perfect segue to what I am about to ask. I want to recognize myself again for five more minutes. I wanted to ask about HUD-VASH specifically and wanted to start with Secretary Kurtz.

In your testimony I noted that you mentioned HUD did not request new HUD-VASH vouchers in fiscal year 2020 because the 2019 funding was enough to meet the demand of current referrals.

Would we be correct to interpret that as meaning more HUD-VASH voucher funding would not increase the number of veterans served and if that is the case can you explain?

Mr. KURTZ. Sure. At this point, we—actually HUD has not requested additional HUD-VASH funding since, I think—I believe it was fiscal year 2015, and we believe that there is sufficient funding currently across the Nation—that we just need to sort of work to utilize what funding is there currently to ensure that we and the VA are working—you know, working together to house the veterans as well as we are looking at flexibility such as we have taken—are allowing VA medical centers, the regions that they cover, we can switch vouchers from one public housing authority to another in that area, and if need to—we have not yet—but we are looking at possibly even moving funding at a broader scale, if need be.

Mr. LEVIN. So I wanted to address that. As I understand it, community agencies refer veterans to HUD-VASH through the coordinated entry system. Is it possible that the community partners are unable to refer more individuals due to their own capacity limits? And if that is the case, how do we address that issue?

Mr. KURTZ. Actually, that is a really interesting question because I have—before I came back to HUD I worked at the local level and worked with—one of the programs I worked with was HUD-VASH and we were concerned about issues like that and actually just sort of brought everyone together—the VA, our local partners, you know, folks in the city as well as the local housing authority and, you know, tried to work out strategies to ensure that we were coordinating better.

You know, it is really a collaboration and a communication that we need to ensure is taking place at the local level, and we saw success after that.

Mr. LEVIN. Thank you. I would like to switch from HUD to VA and to talk about VA funding for intake and for case management.

My understanding is HUD-VASH eligible veterans are often chronically homeless. They have severe health problems and they require intensive services and support.

Dr. Smith, can you discuss any challenges your staff face in serving the population and any additional resources that they may need and, therefore, that you may need at the VA?

Dr. SMITH. Thank you, Chairman Levin.

You are correct that the population that are served by HUD-VASH vouchers can be challenging. They represent individuals who may be chronically homeless but also often have disability, mental illness, substance use, and simply reaching them can be challenging.

We have both intake staff as well as HUD-VASH case managers that are working continuously to reach out into areas where veterans may be. We have five outreach staff currently and three of those are field-based, sometimes working with San Diego Police Department or Oceanside Police Department to actually go out into areas where veterans might be—might be living in an encampment or in some other non-habitable situation.

So part of our program is involved in outreach and then there is also an intake part. That intake part sometimes can be challenging, again, because it requires typically a face-to-face visit with a veteran that takes some time.

There may be documents that are unavailable and that intake process sometimes can be a delay in getting the voucher packet to the PHA and then to getting the veteran housed.

We have at different times had staffing issues. I am happy to say that we are right now staffed up and able to process those vouchers.

Mr. LEVIN. I wanted to ask a follow-up. I was struck by Supervisor Fletcher's previous comment that the biggest challenge is getting landlords willing to take VASH vouchers.

My understanding is that there are several incentives that the county offers to landlords to accept those VASH vouchers. Trying to understand from the supervisor or from Dr. Smith where does that funding originate and is it sufficient.

Is it a matter of more funding needed to secure housing and to get more landlords willing to take these vouchers? And either of you or both of you can feel free to address that.

Mr. FLETCHER. Well, we take that funding from our general fund. That is county general purpose money that we could spend on anything and we dedicate it that.

We try to cobble together wherever we can get it from, and that really is key because we are trying to overcome that barrier.

You know, if that landlord can rent it to somebody for more money and they don't have—they aren't homeless, they don't have a problem, they are more likely to do that. And so it is a real challenge for us and I think the efforts to address the value of the VASH voucher in high-cost areas are really important because we have a high-cost area and we are trying to address that.

But, you know, potentially having that is really important. If there were funding available to help increase these incentives that is a greater tool that we have. That is where we are giving them bonuses for taking them.

We are providing insurance if they damage anything. We are guaranteeing the utilities will be paid. We are just trying to get them comfortable with being willing to do it and so that is area

where some jurisdictions provide those incentives. Some don't. Some do what they can but they could—they could always do more.

And then I think the flexibility around housing authorities is very important. At the county, we are the housing authority for the unincorporated area and we are the housing authority for 13 of the 18 incorporated jurisdictions within the county.

But you have San Diego, Oceanside, Carlsbad, Encinitas, and National City have their own housing authorities. They get their own VASH vouchers. And so the ability—the greater flexibility there is almost always good.

And so I would say high-cost areas is a really important area to view those as distinct and different, particularly when they have more severe levels of veteran homelessness.

I think the incentive program, some potential funding to augment or increase incentives—obviously, you don't want folks to cut back commitments they have already made because it comes.

But if they could increase what they are already doing and the flexibility are three things that I think would be helpful.

And then I just want to reemphasize the case management piece is vital because we have also had a very problem—very big problem with we get them housed and then they don't stay housed, right, because they are having all of these issues and that case manager is that person who is going to work them through.

They are going to work them through the system. They are going to stick with them. They are going to stay with them. They are going to check on them.

They are going to encourage them and, you know, when you encounter folks that are suffering chronic homelessness, it takes a lot of visits and a lot of patience.

This is very, very, very hard work to get someone to transform their life. And so that case management supportive role. The goal I not just to get them in a place with the VASH voucher where they have an unstable unpredictable unhealthy life.

I mean, that is better than being on the street. But then we got to figure out how we—how we get them there and that is where that case management piece is vital.

Mr. LEVIN. Appreciate it, Supervisor.

Mr. FLETCHER. Thank you.

Mr. LEVIN. We want to make sure that we move along fairly quickly. We want to get to our second panel. I want to be respectful of everyone's time.

And I would like to recognize Ranking Member Bilirakis for a second round of questions for our first panel.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

Ms. Puddefoot, what best practices can other counties in the state take away or even in the Nation? What best practices can we take away from Riverside County to reach the goal of functional zero for veteran homelessness?

And I want to give the Chairman partial credit for that as he represents the county. So outstanding. What best practices can we take away?

Ms. PUDDEFOOT. Well, I really could defer to the Chairman here. But from what we have observed, there was a real collaboration and coming together of all of the different organizations and enti-

ties that touch on veteran care, veteran housing, to really provide that comprehensive approach but also to tailor it individually and to take into account, as Supervisor Fletcher mentioned, the specific needs for case management and provide that on an ongoing basis.

The other thing that I know Riverside County has done is use the data that is collected through the Homeless Management Information System to really provide some feedback and some rigorous analytics about what is working within their communities and where the gaps are.

And I think if we could replicate that, we are currently at the agency level really looking into how the state could encourage all local jurisdictions to have access to that kind of data and analytics.

We have seen that being effective not only in Riverside but also in Santa Clara County and Los Angeles and elsewhere. So it is that collaborative piece of bringing everyone to the table, which in some places is really happening but in a lot of jurisdictions it is still very siloed, which means that the people—all the right people—are not in the room to make it happen.

Mr. BILIRAKIS. Mr. Chairman, would you like to add anything to that?

[Laughter.]

Mr. TAKANO. You know, just that I have worked—our office has worked with the county, and the county is a really key player because it is actually a county statistic, and two very empowered people within that—within the county staff had the authority and the—just the sheer energy to dedicate themselves to this.

And they are ready now, as is so often the case with working on veterans issues, veterans are not necessarily all that much different in their challenges than the general population and so they are ready to apply the things they have learned on how to effectively reach veterans, how to provide the—how to plan for the case management.

I do believe they also did a lot of work with landlords on the incentive side. So they are a little frustrated now because they need the resources to deal with the general homeless population.

And so they are kind of armed with the basic learnings that they have gleaned from working on this veteran's issue.

Mr. BILIRAKIS. Very good. Thank you.

I guess I have a little more time, Mr. Chairman. I won't take it all. Who wants to answer this question? What role does substance abuse play in hindering success for the chronically homeless and which programs should be invested in to address this issue?

It is so important and it is all linked together, whether it is mental health or substance abuse with regard to homeless. That is not always the case but who would—who would like to address that?

Mr. FLETCHER. I will talk very briefly on this.

Mr. BILIRAKIS. Okay. Please.

Mr. FLETCHER. You can't talk about mental health and substance abuse as separate issues. They are one issue. The co-occurring rates of both of those are in the 80s and 90s. The overwhelming majority of folks who are homeless who have a substance abuse problem arrived at that problem by self-medicating an undiagnosed and untreated mental health issue.

Mr. BILIRAKIS. Right. Right.

Mr. FLETCHER. If we just deal with the mental health, they are still addicted. If we just deal with the addiction, there is still that.

And so we got to view it in the context of behavioral health, which means medication for addiction treatment. It works. I mean, the data is irrefutable that it works.

And then there is controversial things like needle exchange that save lives, promote public health, help get people clean. And some of these are uncomfortable or difficult.

But all of the health care data suggests this is the way we address it. And so I think substance abuse is a cornerstone in terms of addressing this challenge we face.

Mr. BILIRAKIS. Very good. Anyone else?

Ms. PUDDEFOOT. I would just add that in California we adopted legislation to really require housing—funded housing by the state—to adopt housing first principles, which include low barrier and a prohibition against refusing to provide housing or housing-based services for someone solely because they have behavioral health issues.

And so that—really, that has been research based, evidence based best practice around making sure that people are housed in order to provide effective support for dealing with behavioral health issues.

Mr. BILIRAKIS. Well, thank you. I yield back, Mr. Chairman.

Mr. LEVIN. Thank you.

I would like to recognize Chairman Takano for the second round of questions.

Mr. TAKANO. Thank you, Chairman Levin.

Dr. Smith, you know, while the VA's budget is at record levels we are still seeing needs across the agency for all services.

Meanwhile, our Committee really—regularly hears from NGOs or, in other words, private companies who offer their own solutions for homelessness in southern California.

What is the process and capacity for VA to accept outside funding to address the homeless challenge? Is there a process?

Dr. SMITH. Congressman, I am afraid I would have to take that one for the record because that is not something that I work a lot on locally. The bulk of the funding is managed out of the central office programs who put out requests for grants, notices of funding applications.

Mr. TAKANO. So you are not really prepared to talk about private-public partnerships or this area of homelessness?

Dr. SMITH. Well, not—I am not prepared to talk about funding for them. I would say that those private-public partnerships are very important and particularly the work that we do with partners here.

I would point out to some of the panelists in the second half—Veterans Villages of San Diego, Interfaith, and so forth. So—

Mr. TAKANO. So my questions might be addressed to the second panel is what you are saying?

Dr. SMITH. Yes, sir.

Mr. TAKANO. Okay. You know, the transition process is something that our Committee has been deeply involved with and Chairman Levin and Ranking Member Bilirakis and a number of our Committee members are—Mr. Cisneros from Orange County—

they are all particularly attuned to trying to improve this transition process.

So I want to—I want to switch gears a little bit from the importance of wraparound services for chronically—for chronic homelessness. I mean, that is—I mean, I think—I think it is really important to emphasize that for our chronic homeless population, as the supervisor said, it is a lot of work and a lot of resources to support people in getting their lives in order.

But on the front end, trying to help veterans transition smoothly to avoid paying out large amounts of unemployment insurance it seems to me that we could do a better job on the front end.

And I know that Camp Pendleton has the Skills Bridge program that I have been hearing the VA ramp up across the country. That is something that I find very promising.

Can you—you know, I would like to ask what we should be done—what we should be sharing with servicemembers to ensure that they don't find themselves homeless and how we can improve the transition process.

Dr. SMITH. Thank you for that question, Congressman.

Certainly, the transition—area of transition is critical. In San Diego, we have a robust transition program where we are really reaching out particularly in working with the medical treatment facilities to accept those who have been identified as having needs at the time of separation from the service.

But I think, as you point out, there is a large cadre of Active duty military who separate without, for a variety of reasons, either knowing as much as they might about VA services or perhaps just not feeling like it was time for them.

One of the complaints I often get when I am out in the community is veterans that either don't know about the VA or weren't—feel like they weren't told about the VA at the time of their separation from Active duty.

So I think that is an area that we are all committed to improving. I certainly know that there is work going on at a national level to try and change or to assist in that so that we have really a continuous process of reaching out to veterans to make them aware of veteran's services that are available to them.

Mr. TAKANO. Supervisor, you look like you have something to say about this.

Mr. FLETCHER. Well, I think the—the efforts on the job stuff is really good. There is funded programs. They can do it while they are on Active duty while they are getting off. I think all of that is good. I think that has improved significantly. I got out a decade ago.

One thing that struck me when I was in, and perhaps it has been addressed, is you have a lot of servicemembers who get out and have no idea what they want to do next because they never thought about it.

They never thought about it, and it always struck me, when I was in the Marine Corps every year I went to the career planner, and the career planner—we would have our counseling session about my Marine Corps career—where did I want to go, what did I want to be assigned, what job, what duty, what term of enlistment.

And it would be interesting—folks in DoD would know better—but perhaps when they join in boot camp there is just someone who asks them a question, hey, how long do you think you want to stay in and what do you think you want to do when you get out, right, and then they write it down.

And then the next year when they go to the career planner someone says, hey, you said you wanted to stay in for life—how long do you think you want to stay in—do you think you might want to do when you get out.

And if we did that every year with the veteran, just what do you think you want to do when you get out, because otherwise they get discharged and then they are just wandering.

And then there is all these programs and services but now they are disconnected from that period out and they are not in a mindset of having a plan for what they want to do.

And so that has been addressed in recent years but—

Mr. TAKANO. Well, Supervisor, I mean, there has been some work done in this area. Let me just—I am over time, but let me just say that I have always thought from day one there should be educational or training goals established and their commanding officers should also be a part of the process of holding those soldiers accountable every year.

So that is a longer discussion, but thank you.

Mr. LEVIN. Thank you, Mr. Chairman.

Mr. Peters, I would like to recognize you for five minutes.

Mr. PETERS. Thank you, Mr. Chairman.

Just on that last point, there is a good model in San Diego County that is developed called zero8hundred I know you are familiar with, which actually—in which the Navy allows the community effectively to go on to the base as they go through that dump of documents that they used to call Taps—now they call GPS—to try to engage young people.

We could talk more about that later. We think that is a pretty good response.

Ms. Puddefoot, you mentioned the continuum of care funding and I want to just go back to that. Now, that is not specifically related to veterans. But because in San Diego such a high proportion of our veterans—our homeless are veterans it is important to us.

Shortly after I took office, there was reporting in the Voice of San Diego to the effect that San Diego consistently had fourth or fifth highest numbers absolute of homeless people.

But we were always about eighteenth to twenty-third in the funding out of the continuum of care. Are you aware of that reporting?

Ms. PUDDEFOOT. I am not specifically aware of that. I can say that the first round of flexible block grant funding—that was the \$500 million that was part of the 2018 budget—gave not only funding to the continuums of care but also to the 11 largest cities.

Mr. PETERS. Right.

Ms. PUDDEFOOT. And so San Diego got funding.

Mr. PETERS. That is the California funding.

Ms. PUDDEFOOT. That is California funds.

Mr. PETERS. Let me just—let me just—

Ms. PUDDEFOOT. Yes.

Mr. PETERS [continued].—make sure you understand what I am talking about because we looked at that. Part of it has to do with the fact that there are some long-term commitments out of that funding. For instance, you know, we are going to spend for 10 years on this particular building, and that skews it somewhat.

But, Mr. Kurtz, I understand that the continuum of care is not part of your direct responsibilities at HUD. Is that right?

Mr. KURTZ. That is correct, sir.

Mr. PETERS. Okay. You mentioned in the context of another program the VASH vouchers, trying to get the most out of a consistent level of funding. I have to raise this with you because we think that—by the way, L.A. is being take care of—we think that San Francisco is now falling behind. But the inequity of the funding to San Diego is something I would ask you to look at.

We made—it took a long time to make progress. But by the end of the Obama administration with Secretary Castro, we had identified four or five new approaches to this—a more fair formula—not based, believe it or not, on something like the age of the building stock as a proxy for the amount of homelessness you have.

We would ask you to take a look at that or ask the folks in HUD. Since the change of administration, the equities haven't changed. It is not a partisan issue. We just haven't heard anything about it. And so if we could just send you back with that message that would be great.

Mr. KURTZ. Absolutely.

Mr. PETERS. And I guess I would just—we have to get on to the other panel, but I want to thank all the—oh, I wanted—Dr. Smith, I wanted to give you a chance to talk about—you had a little answer on the—Mr. Bilirakis's question on substance abuse and you were cut off because of time. So I will give you a chance to answer that question.

Dr. SMITH. Thank you, Congressman Peters.

I did want to mention some of the things that are going on. Ms. Puddefoot mentioned low-barrier approaches to accepting individuals who are homeless immediately into housing so that we are not requiring abstinence as a condition of housing.

But I do—I did also want to mention what Supervisor Fletcher talked about, which is medication-assisted therapy, which are available through the VA now as part of the approach.

And it is also—there is a comprehensive effort going on throughout the VA on opioid reduction strategies and we have this tension between individuals who may be having issues with addictions and at the same time working to reduce the usage of opioids across the board.

We have been very successful at total opioid reduction usage here in San Diego by more than 50 percent. That is actually true nationally in the VA. So we have seen that approach.

One of the really critical things is the availability of alternative therapies. So I am happy to say that we do have a full complement of complementary and assistive therapies such as use of yoga and tai chi, acupuncture, chiropractic therapy, which can be alternatives to the usage of substances of abuse.

Mr. PETERS. Thank you.

I just want to say, again, thanks to all of you for coming. We would appreciate your advocacy on helping us with the continuum of care issue. If you could be aware of that, that would be helpful.

But thanks to all of you for what you are doing and, Mr. Kurtz, I hope you had a nice time in southern California and you will tell your friends it is a nice place.

I yield back.

Mr. KURTZ. I have. Thank you, sir.

[Laughter.]

Mr. LEVIN. Well, thank you all very much.

I want to quickly transition to our second panel in the interests of everyone's time. So if we could have the panelists for panel number two please stand and come to the front.

And, again, to our panelists from the first panel we are very grateful. We are going to—we are going to jump right into it.

[Pause.]

Mr. LEVIN. We have Ron Stark. Hi, Ron. How are you?

[Laughter.]

Mr. LEVIN. They had—the other panel they had it opposite. The board president of the San Diego Veteran's Coalition. Kimberly Mitchell—good to see you—president and CEO of Veterans Village of San Diego. Matt Schillingburg, commander of American Legion Post 146 in Encinitas. Thanks for being here. Greg Anglea, CEO of Interfaith Community Services. Thank you. Easy commute for you, right across the street. And Tamera Kohler, CEO of the San Diego Regional Task Force on the Homeless. Thank you so much for being here.

As you know, you will have five minutes. Your full statement will be added to the record and I want to make sure we stick to time. We have until 12:30 and then we got to be out of here. So we will get right to it.

Mr. Stark, you are now recognized for five minutes.

STATEMENT OF RON STARK

Mr. STARK. Thank you, Chairman Representative Levin.

Mr. LEVIN. Make sure your mic is on.

Mr. STARK. Is it on? Thank you. Thank you.

Chairman Representative Levin, Ranking Member Bilirakis, and House Committee Chair Takano, I like the idea of zero. It is a good target and so appreciate that.

I am Ron Stark, president of San Diego Veteran's Coalition. I want to say that my testimony here with respect to this Committee on Veteran's Affairs Subcommittee Economic Opportunity entitled "Housing our Heroes: Addressing Homeless Veterans Crisis" is given in my role as the president of the San Diego Veteran's Coalition, though it is certainly informed by observations in other roles and throughout the county I work for mental health systems in substance use prevention.

I have managed large treatment and recovery centers in substance abuse prevention. I am co-chair of the San Diego's One VA Community Advocacy Board.

I was co-chair on the Advisory Committee for the VA Aspire Center as well as logistics coordinator for the Stand Down for Home-

less Veterans, and those observations informed my perspective and that of the coalition.

And it is an honor to be here with you and colleagues in the community in San Diego County. The number of homeless veterans using the annual point in time count method seems to always be met with challenges of being underreported, over reported, subjective measures, unreliable methods, counting veterans on the street early in the morning and uses self-reports to interviewers in that.

And though this is—I participated in San Bernardino County when I was up there for four years in the homeless count and San Diego County since 1997 because I served in the military and these are my people. I am going out and help find them, identify them so they can maybe get other resources.

I find that becoming an observation where I challenge whether or not we are really getting to all of the homeless veterans. I live in the 92114 in this county. We have a—what we call the Bamboo Village and the point in time count isn't—doesn't go there.

We walk by there but we don't go there, and so there are places in that count where you just look and you know there is a path leading to where homeless are, but just the methods of it.

In that regard, it seems that with some of the current technologies we could develop, implement and I think the House could really be instrumental in reviewing this. Sophisticated methods have a more real-time estimate of the number and conditions of our veterans who are homeless.

The San Diego Veteran's Coalition has some 160-member and participating organizations, agencies, for-profit businesses, and we all come in contact with veterans every day and we get together and we share our perspectives and coordinate activities to really maximize leverages across community-based organizations. The VA is a strong partner in that coalition as well and organizations here at the table with me as well.

It just—we have supported and promoted a safeguarded cross-sector data sharing that provides a much more reliable estimate to use to determine how much funding programming is required and where.

The idea—we use currently—there is 57 licenses, I believe, with the San Diego United and it is a platform. It is a data-sharing platform, backbone supported by 211 San Diego, to do some initial screening, partially enroll, refer, intake veterans, some minor intakes into services before referring, and then a follow-up.

And that platform can provide a reliable number of how many veterans use a particular service and collect valuable demographic information to direct policy.

SD United is capable of being interoperable with larger community information exchanges and I know that is a topic across practically every state in this country is how to share community information that includes information from public health, the VA, community-based organizations, providers, private practices, and can compare profiles and aggregate reports of how many veterans are homeless, their services requested and usages of those met and unmet needs, demographic and geographic information about veterans. So you could put the dollar where the need is. You could put the energy where the need is.

Anecdotally, we hear there are veterans, especially female veterans, who are functionally homeless, going from one friend or family member in lieu of living on the streets but yet not providing their own shelter, sleeping in their cars, parked off streets, in a friend's residence in their—and so that wouldn't be part of the homeless count because you don't count cars parked at residents.

You kind of look if the windows are—and it looks like someone is sleeping in that car.

[THE PREPARED STATEMENT OF RON STARK APPEARS IN THE APPENDIX]

Mr. LEVIN. Mr. Stark, if we could, I want to make sure we get to everybody's intro.

Mr. STARK. Right. Right.

Mr. LEVIN. But hold those thoughts.

Mr. STARK. Okay.

Mr. LEVIN. We are going to be asking you plenty of questions. We want to thank you for all the great work that you do, particularly the North County Stand Down had the honor to join you last year. Look forward to helping you in years ahead as well. Thank you for being here.

I would like to turn to Ms. Mitchell. Thank you for the recent visit to Veterans Village of San Diego. I know my Ranking member, my friend, Mr. Bilirakis, is going to be joining you later today. Now I would like to hear your opening statement.

STATEMENT OF KIMBERLY MITCHELL

Ms. MITCHELL. Mr. Chairman, Mr. Ranking Member, thank you for the opportunity to appear before you today and to provide testimony about the needs—housing needs of our veterans.

I am Kim Mitchell, the president and CEO of Veterans Village of San Diego. We are a not-for-profit housing provider here in San Diego and we serve more than 2,000 military veterans each year.

I also serve on the board of directors for the California Association of Veterans Service Agencies, known as CAVSA, and I offer my testimony on behalf of both VVSD and CAVSA today.

I want to begin by acknowledging the many men and women in the audience today who have served our country in uniform. Thank you for your service.

Mr. Chairman, I am reassured by the title of today's hearing—veteran homelessness is a crisis. It is one that touches both rural and urban parts of our country, and one that requires immediate resources and attention if we are ever going to get ahead of it.

Today in San Diego, we are finally catching our breath. The last two years have been difficult, as a devastating outbreak of hepatitis plagued our homeless communities across the region.

In response, VVSD and our partners stood up an emergency bridge shelter to provide safe clean living conditions for an additional 200 homeless veterans that were on the street and susceptible to this potential deadly virus. We had to act fast, but I believe our response not only helped rebuild livelihoods but it also saved lives.

As the immediate threat of hepatitis subsides, now is the perfect time for reflection. In my mind, the most important question is what can we do to prevent this from happening again.

Improvements can be made across the board, but because of the work that we do at VVSD I can offer some concrete recommendations about what the VA can do to help.

First, we need to expand the VA's grant per diem program, GPD, by increasing the rates at which providers are reimbursed.

GPD is the first line of defense against veteran homelessness and it is widely regarded as a successful short-term program that helps at-risk veterans get back on their feet.

The program works and VVSD and my fellow CAVSA members strongly support the goals and structure of the program as it operates today. It is worth noting, however, that the significant structure and regulatory changes to GPD three years ago made it more challenging to administer. VVSD and CAVSA commend the VA for improving the effectiveness of this important program but note that the changes added significant cost to grantees. As such, we ask that Congress or VA increase the reimbursement rates by at least 25 percent.

This modest increase will result in community partners like VVSD being able and willing to expand the number of beds they offer, especially to individuals participating in the bridge and clinical tracks.

Second, we need to better leverage project-based HUD-VASH vouchers by contracting our supportive services to the qualified veteran housing providers that receive these vouchers.

As administrators of HUD-VASH project-based grants, VVSD and CAVSA members bear the burden of the VA by maintaining its 25-to-1 ratio in case managers to program participants.

At our facilities, we see that the VA case management staff are often so busy that it is hard for them to show up to provide our tenants with the mental health, job training, and social services support they need.

As a result, we end up funding the support out of our own pockets. As nonprofits, this is hard to do. It is also especially frustrating, given the fact that Congress has consistently funded these positions.

It is just that the VA can't seem to be able to provide the staff that they need in the field.

There are two solutions to this problem. Congress could enact legislation that awards the recipient of project-based HUD-VASH vouchers with the commensurate funding to administer the services provided with that voucher. Or the VA and HUD secretaries, which have virtually unlimited authority to waive law and regulation to improve the administration of HUD-VASH, could issue a directive to accomplish the same goal.

Either way, the routine failure of the VA to provide the casework associated with HUD-VASH is a significant drag on the effectiveness of the program and must be remedied without delay.

Mr. Chairman, Ranking Member, this concludes my oral remarks today and I want to thank you again for shining a light on this important issue and working to improve the effectiveness of the VA's homeless housing programs.

I am happy to answer any questions that the Committee may have.

[THE PREPARED STATEMENT OF KIMBERLY MITCHELL APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Ms. Mitchell.

Mr. Schillingburg, you are now recognized for five minutes.

STATEMENT OF MATT SCHILLINGBURG

Mr. SCHILLINGBURG. Yes, good morning, Congressman Levin, Congressman Bilirakis, and Congressman Peters.

Although I live in Congressman Peters' district, I do support Congressman Levin with the work of veterans in the North County because I am the commander of the American Legion in Encinitas.

Less than 1 percent of the population of the United States ever volunteer to support and defend the Constitution of the United States against all enemies foreign and domestic.

In doing so, servicemembers become a special part of our Nation that are willing to sacrifice their own lives to preserve the freedoms that so many Americans enjoy on a daily basis.

Over 2 million servicemembers, men and women, have been deployed over 3 million times since 9/11 in the global—in the support of global war on terrorism.

These troops have included Active duty, reserve, National Guard personnel, with reserve and National Guard personnel being utilized as part of the operational force structure after 9/11.

These numerous deployments are one of the many reasons that our servicemembers decide to make a transition from military life to civilian life and these numerous deployments weigh heavy on the veteran, which in turn manifests itself in many different ways that contribute to the problem of veteran homelessness in the United States.

Active duty veterans and their families as well as transition veterans face significant housing challenges. California has the largest number of veteran homelessness in the United States, with 9,600 veterans homeless.

Homeless veterans in California represent, as we have heard before, about 25 percent of the national homeless veteran population.

Many veterans do not have stable housing after they separate from the military. In many housing markets in California, it is difficult if not impossible for military families and even single servicemembers that might have once enjoyed military housing or barracks to transition to the civilian housing market.

Only 54 percent of pre-veterans and 35 percent of post-9/11 veterans line up housing after the military in the San Francisco Bay area. Only 10 percent of pre-9/11 and 18 percent of post-9/11 veterans reported being homeless in Orange County.

Over 25 percent of military veterans reported that they lacked housing in the past in Los Angeles, according to HUD. One point five million veteran households suffered severe housing costs in 2011 and it has only become worse.

According to Los Angeles housing, the HUD-VASH housing vouchers have the lowest success rate amongst the housing vouchers that authority issues.

Success is defined as placed in voucher recipient and rental units. The success rate of L.A. Housing Authority for non-veterans is 67 percent and the success rate for HUD-VASH vouchers for veterans drops to 33.

This is unacceptable for our veterans and changes need to be made to address the issue. San Diego County has one of the highest population of veterans in the United States with an estimated, as you said, Congressman, 235,000 veterans.

Most of the veterans choose to stay in San Diego County after retiring from the military or transitioning from service and many, such as myself, return to San Diego.

I personally retired from the United States Army in Texas in 1996 but returned to my home here in San Diego. Transitioning from the military to civilian life was very difficult after a 20-year career in the military.

Although retired with a pension, I faced the difficulty of translating my military skill sets to civilian world for job possibilities and securing housing for myself and my family.

I was able to do so but many veterans today cannot. It was a different time when I retired in 1996 to the present day transition for servicemembers in San Diego County. It is estimated there are approximately 1,400 homeless veterans in the street in San Diego.

The question becomes is veteran homelessness possible in states with the highest incident, i.e. California and Washington State, especially since some of the areas have seen an increase as we have in homelessness.

Answering the question is very complicated because many variables factor into the question. One of the variables is the HUD-VASH program combines the Department of Housing and Urban Development, housing choice voucher, rental assistance for homeless veterans and their families with case management and clinical services provided by the Department of Veterans Affairs at its medical centers in the community.

Here lies one of the problems of the program—eligibility. As defined on the veteran's Web site—Veterans Affairs Web site—veterans who are appropriate for this program, and it should read any veteran, must be VA health care eligible veterans. VA makes that determination.

Most healthy veterans and their families never apply for the veterans benefits as part of their transition from the military.

Others that have been wounded or injured during their service often provide with veterans—are often provided with veteran service officers to complete their benefits package as they transition from the military.

Those servicemembers that never apply to the VA system are not in the VA system. When they run into difficulties and become homeless, the VA can't help them with the HUD vouchers until they get into the system. Proposed—

Mr. LEVIN. You want to—you want to just wrap up?

Mr. SCHILLINGBURG. Okay. Yeah. Proposed solutions are hand-offs and, you know, we will talk about that. You had questions before and we will get into those questions. But I believe that there are solutions.

[THE PREPARED STATEMENT OF MATT SCHILLINGBURG APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you for being here. Appreciate that. I would now like to recognize Mr. Anglea for five minutes.

STATEMENT OF GREG ANGLEA

Mr. ANGLEA. Thank you, Congressman Levin, fellow Congress people. Thank you for being here today. It is wonderful to have you in our community and those of you who are from here.

My name is Greg Anglea. I am the CEO of Interfaith Community Services. We are the largest provider of housing and social services for people experiencing homelessness in North County, including, unfortunately, hundreds of veterans experiencing homelessness in North County.

We have heard a lot of really strong and practical suggestions for what can be done to better help people overcome homelessness and particularly veterans today.

I want to highlight one thing and then share some personal stories as somebody doing this on the front lines.

Homelessness among veterans have decreased nearly 50 percent in less than a decade. That has been the cause of a significant scaling of federally funded programs to address homelessness.

If we choose to not continue to scale, we choose to not continue to reduce the number of veterans experiencing homelessness. It is very simple arithmetic. I think we need to name that reality.

There are some changes in scope that can also help people experiencing homelessness today and in the future. I detailed some of these stories in my submitted testimony and I want to share them today. Their names are changed to protect their confidentiality but these are real people.

Jacob is a 39-year-old Marine Corps veteran who lost his housing in February of this year because he has a disability he suffered during his military service.

He has young children, he fell behind on his rent, and he lost his housing. There was no homeless prevention funding available that would have helped him through government funds to stay housed at this time in February of this year.

All of the programs that are out there are staffed at the government level or at the nonprofit level by individuals who are there to run particular programs.

Jacob didn't know which program he was qualified for. He didn't know where to go. Jacob had the fortune, though, of eventually finding his way to somebody who was funded by private philanthropy locally to say, you know what, these programs are great but we need to fund people who will help any veteran regardless of need.

So he came to Interfaith and met with a housing stability case manager funded by the Midway Museum and by San Diego grant makers. That person who was focused just on him as a veteran connected him to his veteran—to a veteran's benefits specialist who correctly upgraded his disability benefit to the accurate 100 percent level that it should have been at.

That person helped him find an apartment that he can afford and then helped find private donor dollars to help pay for the move-in expenses. Jacob and his kids are now stably housed.

It highlights another issue—an extreme lack of homeless prevention resources that we have. We have talked a lot about helping people who are chronically homeless, who have been on the streets a long time.

The best way to help those individuals is to prevent them from becoming homeless in the first place. The supportive services for veteran families grant has been a real game changer in the last several years. But the amount of funds that it provides—rental assistance dollars for homeless prevention—is scant.

So when we had a veteran who I am going to call Clarissa, who was referred to us by her HUD-VASH case manager because she had a voucher but her landlord was not going to renew her rent—renew her lease—she has four children. She is putting herself through school. She has a disability. Her monthly income is about \$700.

When she was referred to us there were no homeless prevention dollars to allow her to pay for the security deposit that she needed to move into another apartment.

So we helped her find that apartment. We helped her with private dollars to pay for that security deposit. She is stably housed.

We need to significantly scale homeless prevention resources and they need to be flexible and focused on veterans regardless of their situation.

Kim mentioned it very well, too. The veteran grant per diem program is a fantastic resource. But the funding level that it provides is really only adequate for higher-functioning veterans.

I detailed in my testimony a veteran who I call Bill, a 79-year-old Navy veteran who was connected to our organization by a distant relative who knew he had been wandering the streets for decades.

Bill had disability benefits but had no meaningful relationships in his life, suffered from paranoia, mood swings, refused to engage with the VA on medical services, and simply did not succeed in the level of care that \$47 a day can provide.

He is, sadly, one of a large wave of disabled senior veterans. We need a higher level of support in particular for senior disabled veterans.

I appreciate your time and look forward to answering your questions.

[THE PREPARED STATEMENT OF GREG ANGLEA APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Mr. Anglea. Appreciate it very much.

I would now like to recognize Ms. Kohler for her opening statement.

STATEMENT OF TAMERA KOHLER

Ms. KOHLER. Thank you, Chairman, and distinguished members of the committee.

My name is Tamera Kohler. I am the CEO of the Regional Task Force on the Homeless. We are the HUD continuum of care for San Diego County, the second largest county in the state of California.

We have a large geographic area and a population that is almost at 3.4 million with 240,000 veterans. We are one of the largest continuum of cares across the Nation.

There are 400 continuum of cares that are designed to promote this community-wide commitment as a goal to end homelessness and collectively work with our partners to tailor a local homeless crisis response system.

Veterans experience homelessness in every state. But over a quarter reside in California. With these numbers in mind, the Regional Task Force is uniquely positioned to offer some data and insight into our veteran homelessness.

I am going to focus on just a couple areas: the risk factor of affordable housing, which you have heard from a number of my colleagues, and limited prevention resources that Greg so well spoke to; also, our rapid increasing women veterans and our aging homeless population.

With the housing costs rising faster than wages and the burden of affordable rent looming larger for many of our veterans, especially our young families and those that are aged and are on fixed incomes, and in some cases this is an insurmountable challenge.

According to Zillow's consumer housing trend report, in 2017 80 percent of renters moved because of an increase in their monthly rent and we are seeing that across the board.

Increasingly, major metro areas are becoming out of reach and this is becoming true even in areas where markets were historically affordable.

For many, ending their homelessness is become more simply about increased income and lower housing costs and it is intense case management and services.

Increases in affordable housing—excuse me, increases in rent, tight rental markets, and limited housing stock all contribute to the difficulties we find in looking for adequate and affordable housing to rehouse our homeless population.

Our HMIS data is showing that our national averages of return to homelessness in San Diego are much higher. Our people that we are housing are struggling to maintain the housing that we have been able to achieve for them without any assistance, moving forward.

Continuing options within the SSVF are transformational with prevention and rapid resolution, and one of the most recent developments in SSVF is a shallow subsidy. With 12 communities, San Diego being one of those, we are able to model a shallow subsidy option for high-cost rent areas.

This targeted attention to housing affordability as a primary factor contributing to homelessness and housing instability makes this long-term modest subsidy a welcomed option.

We know housing ends homelessness and that includes preventing homelessness. Conditions that increase a veteran's risk of experiencing homelessness are varied, and we have talked about those.

But those episodes of homelessness could be rare and brief, and we wouldn't even have to worry about them being non-reoccurring if we would address them quickly with SSVF prevention and rapid resolution funding.

Increasing this funding will also us to collect better data so that we can really determine which risk factors are having the most devastating effects on veterans, resulting in their homelessness.

Our veteran population is aging and they are very likely going to have increased complex age-related needs that pose significant challenges on our system. It is not designed to serve them.

Long-term health care issues and independent living options will become greater challenges and housing options for our homeless veterans are going to be limited. Our data in our HMIS significantly show an increase in veterans over the age of 62 in two years—in 2017, one in five of our homeless veterans who are over the age of 62.

In the first quarter of 2019, it is now one in four. Twenty-six percent of our veterans in San Diego are over the age of 62.

Additionally, during that same timeframe, 12 percent of those served with SSVF so that is rapid rehousing, not a permanent housing subsidy, were 12 percent. In 2019, it has increased to 18 percent. We need those permanent housing resources to really address these emerging challenges.

Twelve percent of our veterans—12 percent of the Nation's veterans will be women in 2025. That means we will likely see an increase of our veterans—women in the coming years.

Compared with nonveteran peers, women veterans report a higher rate of child mistreatment, physical, emotional and sexual abuse. Over a third of your enlisted women have a history of childhood sexual abuse and many report, especially those who are homeless, that they joined the military to escape those family conditions.

Veteran women are twice as likely to experience homelessness than our female homeless individuals. The characteristics of veteran women that experience homelessness are different from veteran men and we need to acknowledge that.

More than one-third have experienced a military sexual trauma while in service and they have lower rates of substance use and mental health issues, and we question if that is just an under reporting. But that is what the data is telling us.

For veteran women, intimate partner violence is also a challenge and highly associated and contributes to homelessness.

Finally, veteran women experiencing homelessness are more likely to be part of the family compared to veteran men. All programs serving our women veterans need to have a sense of urgency and a focus on safe housing options.

These services need to be assessed for and addressed in experiencing trauma and housing instability at the same time. As we know, VASH is the most successful coordinated effort to address homelessness in the Nation.

This single dedicated resource to reduce the number of homeless veterans by nearly 50 percent nationally has been highly effective.

This is proof that dedicating resources does and will reduce homelessness.

I just want to acknowledge these growing challenges and the major challenge that we need to address includes all of our best efforts, both collectively and individually.

We need to dig deeper. We need to understand our data. We need to be informed and we need to ask more of our system planning, not only as our funders but also as leaders as well.

Thank you.

[THE PREPARED STATEMENT OF TAMERA KOHLER APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Ms. Kohler. Thank you, everyone, for your opening statement.

We are going to have time for one round of questions. So I would just encourage everyone to keep your answers fairly brief so we can get through as many questions as possible.

I would like to recognize myself, and I am glad we have so many community organizations such as yourselves. Without you, the Federal government cannot do this alone.

We desperately need your help and we need to make sure that we are doing everything we can to empower you to continue the great work that you are doing.

And I also really want to mirror the comments that you made, Mr. Anglea, about preventing homelessness in the first place.

It was said in the first panel the importance of recognizing that we will save significant resources if we can prevent people from becoming homeless in the first place as opposed to dealing with homelessness once it occurs.

And I also appreciated your highlighting the need for short-term crisis-based rental assistance. So I would like to begin with you.

How do you see such a program working in a manner that is agile enough to quickly get funds to those who need them without sacrificing accountability over how the funds are spent?

Mr. ANGLEA. Thank you for the question.

My organization set a goal two years ago to nearly double the amount of people we were able to end and prevent homelessness for and was able to surpass that goal primarily through an enhancement of homeless prevention funding.

With funding now from the Regional Task Force, we are working with dozens of partners including Veterans Village of San Diego to scale that homeless prevention funding and partner with our local 211 database to track the long-term impact of those individuals including veterans who get that funding, to be able to track not only are they housed—45 families who we house through one of these programs a year ago are all still housed—but are they reducing calls for service and need for food, need for other types of services.

So we have the mechanisms in place to track the long-term outcomes of these interventions as well as a control against, unfortunately, those who do not receive the interventions. We just need the resources to actually provide the assistance.

Mr. LEVIN. Thank you for that. In a related question that is really open to any of you, what data could we—could the Federal government provide or collect to better identify veterans who are at risk of homelessness but are not yet homeless?

Ms. MITCHELL. Mr. Chairman, in my mind, I think we need to do a better job at identifying servicemembers before they exit the military that have been identified as having the start of mental health and addiction issues.

I know for myself in the Navy, I served with sailors that were quite often angry. We knew that they would go out drinking all night, and in talking with some of the veterans at VVSD these issues started when they were in the military and I think we need to work on the culture and enable commanders to enable their servicemembers to say it is okay to step forward.

If I sprain my ankle, immediately I am sent to sick call. But if I have a mental health issue, no one wants to say anything like that. We need to make it okay to send folks and be agreeable to go to—and talk with someone.

Mr. LEVIN. Thank you. So destigmatizing mental health.

Mr. Stark, I wanted to turn to you. You mentioned that public and private partners in our region use the San Diego united platform to coordinate services for homeless veterans while aggregating data in realtime.

How does this system account for traditionally under counted veterans such as those living in cars or with family or friends?

Mr. STARK. Well, Mr. Chairman, one of the things that was coordinated with the Courage to Call program, which is a Mental Health Services Act-funded program here in the county, which is—has mental health workers from MHS, peer outreach with VVSD—Veterans Village of San Diego—and 211 navigators who are peers and veterans working, shared experience is one of the keys to reaching veterans.

And when we—when we use this information we have with the SSVF funding been able to work with the providers of SSVF funding to come up with an initial application that is coordinated across all of them. And so when they are referred out it becomes a more rapid intake and a more rapid use of that SSVF funding.

If I have just a moment, though, I do want to comment on Tamera and Greg's comment about the aging veterans. It has long been known that the veteran community is the leading edge of what you might see in the community elsewhere with homeless veterans, with substance use, mental health, living on the street, poor hygiene.

You are going to—we are going to find as a Nation that that is the leading edge of an aging veteran population and that could be telling us a lot about what we need to do. That groups of folks are not—are not on the radar right now.

Mr. LEVIN. In the interests of time, I have more questions for everybody but we will do it offline.

And I would like to turn to the Ranking Member for five minutes.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

To follow up on that, I understand that Los Angeles—the city of Los Angeles banned people from homeless or people sleeping in cars, and then also I understand the city of San Diego did the same thing recently.

Correct me if I am wrong, but if it is true, what is the rationale behind it? Are these people identified, particularly in this case, vet-

erans, so that we can help them get shelter? And so does somebody want to respond to that? I would appreciate it.

Mr. ANGLEA. In North County, if I could—in North County, we have funding another provider does for a safe parking program because there are—there are a hidden homeless population who are living in their cars.

And if we aren't able to help them, they will no longer have cars and they will fall farther into homelessness. No local jurisdiction has accepted the request to be able to house that safe parking program. It is a shocking example of NIMBY-ism that needs to stop.

Mr. BILIRAKIS. Is it true that both the San Diego and Los Angeles have banned people sleeping in cars? Is that the case? Is that—

Mr. STARK. So there are local parking ordinances, 72 hours of a vehicle being parked in the same place. You have pressures of call for service from the community that this car has been here.

So these are some local constraints that are happening and there is no safe place to be and you have to constantly be on the move. Eventually, a homeless veteran is not going to have the gas money to move their car, or have a flat.

It looks like an abandoned vehicle, and so I think that kind of lends to it as well. And there are people that will let someone park off the street on their residence because there are humane people and good will people in this county. But then that further distances them from care.

Mr. PETERS. Will the gentleman yield?

Mr. BILIRAKIS. Yes.

Mr. PETERS. Just to answer your question, the city of San Diego has been embroiled in a discussion about how to use parking lots it has around, you know, various locations to allow people to sleep.

That has not been finalized. But I don't—I don't believe that there is such a ban in place in the city of San Diego.

Mr. BILIRAKIS. Okay. Thank you. Thank you for clarifying that. I appreciate it.

Ms. Kim, I look forward to visiting Veterans Village for the second time this afternoon. I think it is a model for the entire Nation.

Ms. MITCHELL. Yes, sir.

Mr. BILIRAKIS. I really—I love the concept.

You talked about mental health and the fact that we are not screening enough maybe while our veterans are active military personnel or in DoD.

What about—what is your opinion on mandatory screening prior to veterans—prior to veterans being—leaving the service and become veterans?

And, you know, obviously, confidential but if you screen everyone you can identify and then it is, obviously, their decision as to whether they want treatment or not. What is your opinion? I know it is controversial but we got to face it.

Yes?

Ms. MITCHELL. Yes, sir. I mean, obviously, it is controversial and a lot of it is self-identification. A lot of folks—a lot of servicemembers don't want to admit that they may have depression or anxiety or any type of mental health challenge, and they don't want the stigma attached to that.

But I think in the long run it will help. It will help folks get on the right path to seeking services. I think it also starts at the top where commanders need to ensure, and senior enlisted need to ensure and push down to the lower ranks, that it is okay to ask for help. And it is okay to talk about it.

Mr. BILIRAKIS. Yeah, that is true, no question, and we have made some progress, generally, nationwide. But what about mandatory screening? Screening everyone, and then releasing the information to the individual confidentially? I think that would be helpful. What do you think? Anybody else?

Mr. SCHILLINGBURG. I think that is one of the big issues here is the transition process.

So in the transition process when they are leaving the service they should be assigned a veteran service officer to start them out with their benefits whether they have been wounded, et cetera, but to get them into the system.

And it should be pretty easy also because you have got a DoD personnel system with their medical records that has all their medical history that can be transitioned over into the VA system.

There could be a handoff technically so that they could be in the system and be able to receive those benefits if something comes up, you know, later on down the road.

Mr. BILIRAKIS. Yeah.

Mr. SCHILLINGBURG. There is nothing like that right now. And so, you know, being able to support a transition program with a veteran service officer, then those guys that are veteran service officers can identify those, you know, mental illnesses or, you know, come up with the challenges because we see that.

Mr. BILIRAKIS. Based on what is in the record.

Mr. SCHILLINGBURG. Correct.

Mr. BILIRAKIS. Yeah. Okay. I know I have to yield back. Thank you.

Mr. LEVIN. Thank you. Thank you, Ranking Member Bilirakis.

I would now like to recognize Chairman Takano for five minutes.

Mr. TAKANO. Thank you, Chairman Levin.

Ms. Mitchell, about how many project-based HUD-VASH vouchers do you administer?

Ms. MITCHELL. I will have to get that—the exact number.

Mr. TAKANO. I mean, just a ballpark. I mean, is it 20, 30, 50, 100?

Ms. MITCHELL. I am not sure of the exact number, sir.

Mr. TAKANO. You are not sure. You are not sure.

But my—so help us understand. The HUD-VASH voucher project—the project voucher—it is not only—it is not only—the voucher not only is a revenue stream to help the project, you know, survive financially or to be viable financially, but that voucher also comes with what you say are the supportive services from the VA.

And you are saying that organizations like yours have trouble getting those counselors and getting that—getting that—those wraparound services that are supposed to come to the VA to actually come out and provide those services. So that is what your testimony is, you said?

Ms. MITCHELL. Yes, sir. Yes, sir.

Mr. TAKANO. I have heard this from other providers as well. And you say there is—you propose two solutions. Can you elaborate more about what—I mean, I want to give you some time to talk about what those two solutions might be.

Ms. MITCHELL. Well, the two solutions with regards to the legislation is—

Mr. TAKANO. I mean I have heard other people say why don't you just allow us to hire our own people; we could hire them for less than the VA.

I would have some pushback from some of the folks at the VA who think that, you know, they ought to have those positions. But do you have some thoughts about this, how we tackle this problem of—I am coming from the—go ahead.

Ms. MITCHELL. Oh, sir—well, I think it is one of those things—situations where it is in the best interest of our homeless veteran and their family.

If they need services right away and the VA case manager is unable to get out there, the service provider who is charged with taking care of that individual should be able to have someone that can go out and do it—but for, like, myself at VVSD and some of the other CAVSA members, we have to provide some of that case management out of our own pocket if the VA field folks', the case managers, aren't able to go out there.

Mr. TAKANO. Here is where I wish I had the VA still at the table because I would like to be able to have a back and forth about why are we having an issue with case workers getting out to—you know, to—

Commander, you have something to say about—

Mr. SCHILLINGBURG. Well, the American Legion we are about a half a block from the community resource center in Encinitas and what we have been doing is working with the community resource center to identify the veterans to get them into the VA system.

But at the same time, the veterans are being able to resource the resource center for food, for shelter, and other things. And this is one of the reasons why we all come together as a community, not just as veterans, but to help, you know, everyone.

So the community resource center has been able to help them out and in the transition it is getting them to the VA system so that they can get the HUD-VASH vouchers.

Mr. TAKANO. Well, go ahead, Mr. Anglea.

Mr. ANGLEA. The VA released a funding opportunity this year, an addendum to their grant per diem program—a case management opportunity for funding to just support veterans like we have talked about today who maybe already have HUD-VASH or have exited GPD programs.

To my knowledge, not a single provider applied for that funding locally. The reason that we did not is that the funding was not adequate. It didn't provide enough funding to pay for the social worker to do the work.

It didn't provide enough funding for them to do the mileage to go out and meet with people. It didn't have any money to actually help them keep somebody housed.

There is more to say about it but it is an example of a really well-intentioned program that just wasn't adequately resourced and was too restrictive.

Mr. TAKANO. This is very important feedback because I have heard this complaint more than once and from different providers—that the wraparound services—the social worker, the case worker—they are not getting out to places where these—the HUD-VASH vouchers, that is the way it is supposed to work. HUD provides the money for the housing. The VA provides the support—the wraparound support.

I am troubled that there seems to be some disconnect there. I yield back.

Mr. LEVIN. Thank you, Mr. Chairman.

I would like to recognize Representative Peters for five minutes.

Mr. PETERS. Thank you. Again, thanks to all the witnesses for making yourselves available.

I want to ask Ms. Kohler, I am aware that you have a coordinated entry system. Can you walk us through the process by which veterans are handled in that system and let me know if you have any recommendations to improve referrals with your community partners and with your agencies?

Ms. KOHLER. Thank you.

We are responsible for a coordinated entry system, which is more than just a referral to housing. It is coordinating anyone experiencing homelessness through a homeless system.

But specific to the veteran's experience, we work very, very closely with the VA in two areas of funding so in the VASH voucher funding and in the SSVF, so the rapid rehousing.

We make referrals directly to them of any eligible veterans. Fortunately for San Diego, at least from the numbers we are seeing, we have enough resources to be able to refer anybody who an assessment is done that is identified as a veteran.

The reason I bring that up is part of the identification is one of the bigger challenges for veterans. Veterans don't always self-identify as being appropriately eligible.

Many times they will think that they are ineligible for things or not even identify themselves as a veteran when they are seeking homeless services.

But if someone identifies as a veteran, we collect specific information in the assessment. Some interesting data for you. We have about 700 veterans on a by name list currently that are referred to—

Mr. PETERS. On a what list?

Ms. KOHLER. Our by name list. We use a by name list in the coordinated entry, which is a way that we take everyone who is assessed and we organize them by vulnerability, by eligibility.

So in San Diego, we have 700 veterans on that list. In that list, over a third of those veterans which we believed would be eligible for VASH look like they are not because of dishonorable discharge, of different eligibility, and it creates a significant challenge in the sense that that is the most eligible appropriate resource to end their homelessness and we are not able to really associate them with that benefit.

The veterans with those referrals it is up to the Veterans Administration team to then determine who will get the next voucher. It is done with a client focus on where case management is. It is done in coordination of where a veteran may be seeking services or where they should be best stably housed.

But they then make the connection between the homeless veteran and the housing authority, and all of the paperwork and all of that is done directly from the VA and our housing authorities.

We are fortunate to have enough resources so that we refer everybody over. But it is taking far too long, and as Supervisor Fletcher mentioned, we have a significant amount of veterans with vouchers that cannot lease up.

And so—and when they can't lease up that voucher is not eligible for someone else either. So that is a resource that is held in limbo until they can actually find a location to rent, which really speaks to the bias and stigma around a homeless population in general. Even with the care around veterans we are not housing them at the rate we should.

Mr. PETERS. Well, I think it speaks to the importance of dealing with this other than honorable issue—

Ms. KOHLER. Yeah.

Mr. PETERS [continued].—and, you know, thanks to the Committee for supporting our bill.

I also wanted to call attention to the Fair Housing Improvement Act, which I introduced, that bans discrimination based on the source of income and vet status.

You know, I think that is part of the problem. I think maybe a larger problem is the general housing costs that we have here. But I think that that is an element of it.

I want to do a—I am going to yield to Mr. Takano in a second just for some more questions. But I did want to thank Mr. Schillingburg for the ideas on the hand off and also for bringing some District 52 expertise and leadership to Mr. Levin's district. I will yield to Mr. Takano.

[Laughter.]

Mr. SCHILLINGBURG. I am also working with Assembly District Tasha Horvath on her Veterans Committee, and one of the bills that is winding its way through California is S.B. 222, which will make it against the law to discriminate on anyone with that HUD voucher.

Mr. PETERS. I will yield the remainder of my time to Mr. Takano.

Mr. TAKANO. Thank you.

Mr. ANGLEA, how much more money would it have taken for you to be encouraged to apply for the grant you were mentioned—referenced earlier? How short was it?

Mr. ANGLEA. Yeah. If I recall correctly, it was a \$225,000 grant over two years and an additional 10 to 20 percent, and also just the flexibility to be able to move funding across line items. It was very restrictive.

Mr. TAKANO. Real quick. For prevention—for homelessness prevention, how much—how much money are we talking about do you think we need? Can you quantify it?

Mr. ANGLEA. Yeah. It costs us about \$1,000 to prevent homelessness for most people. It costs us more than \$10,000 per household.

Mr. TAKANO. A thousand bucks. So a thousand bucks per household—

Mr. ANGLEA. Per household. Yeah.

Mr. TAKANO [continued].—per household would be effective prevention.

All right. I wish we had more time, but thank you for that. Thanks.

Okay, thank you. Thank you, Mr.—thank you, Chairman Levin. I appreciate that generosity.

So let us talk about that a little more. I mean, how many people—how many people do you think we could prevent homelessness—\$4,000? I mean, per household. How many households are we talking about?

Mr. ANGLEA. I believe hundreds of households. I mean, we prevented homelessness this last year at my organization alone for 450 individuals. That is about 130 households.

Mr. TAKANO. Uh-huh.

Mr. ANGLEA. And, again, an average of \$1,000 each and that is only the capacity we had. The amount of requests we received are far greater.

That number will be greater this year through the study I mentioned and we will have the data to show the long-term impact. But it is a significant number, sir.

Mr. TAKANO. I hope you will stay in touch with our Committee so we can get that study from you, and it seems—it seems apparent, I mean, evident to me that it is going to cost us far less to prevent it than to deal with the consequences of actually having it happen. So thank you.

I yield back. Oh, go ahead.

Ms. KOHLER. I would also add, when we talk about prevention and high-rent districts, the cost that it takes to rehouse somebody is almost \$10,000 compared to the \$1,000 to prevent it.

So when we have such a tight market and it is so expensive, it is even more important that we focus on that prevention. It is money well saved and money well spent.

Mr. TAKANO. Great. Thank you.

Mr. LEVIN. I want to thank everyone for being here. I want to thank everyone in the audience as well and we can now bring this hearing to a close.

I think we have all learned a lot that will inform our work when we go back to Washington. I have had no greater honor in my first eight months of service than to be the Chairman of this Subcommittee where we have the chance to give back in a small way to the veterans who have given so much in service of our country.

I am grateful to my friend, the Ranking member, for carrying forward the work of this Subcommittee in a true spirit of bipartisanship.

I am grateful to the Chairman of the Full committee, Mr. Takano, for his outstanding leadership, and I am thankful to my friend, Mr. Peters, for continuing to lead on veterans issues.

We need all of you to continue the work, to work together to help us get in this region, in San Diego and really throughout the United States, to an effective rate of zero veteran homelessness.

And I think we have learned today just how complex and challenging an issue this is but one that we are absolutely committed to address.

And as long as I have the opportunity to serve as a Member of Congress this will be a top priority of mine and I think a top priority of my colleagues as well.

So thank you all very much. We appreciate your time. All members will have five legislative days to revise and extend their remarks and include additional materials.

I want to thank the great staff as well—my great district director, Francine Busby, back there and Andy Ortega—everyone on the House Veterans Affairs Committee staff who made this happen—Faith from our district—from our D.C. office as well—have just done an outstanding job.

I want to thank everybody for watching this as it was live streamed. This is actually on YouTube and on social media. So I hope a lot of people were able to watch across the country and learn as we have here today in Oceanside.

Without objection, the Subcommittee stands adjourned.

[Whereupon, at 12:30 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Dr. Robert Smith

Good afternoon, Chairman Levin, Ranking Member Bilirakis, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today on the topic of Veteran homelessness, the challenges faced by homeless women Veterans, and the risk factors and unique challenges faced by all homeless Veterans with respect to nutrition, employment, and criminal justice.

VA San Diego Healthcare System (VASDHS) is committed to improving Veteran outcomes and providing Veterans access to comprehensive homeless programs, services, and resources. We also provide Veterans, including those who are at-risk of or experiencing homelessness, with a full spectrum of services designed to meet their unique needs. VASDHS is committed to ending homelessness among Veterans. Our focus is threefold:

- Conducting coordinated outreach to proactively seek out Veterans in need of assistance;
- Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services, and other required supports; and
- Collaborating with Federal, state, and local agencies; employers; housing providers; faith-based and community non-profit organizations; and others to expand employment and affordable housing options for Veterans exiting homelessness.

Introduction

VASDHS is accredited by The Joint Commission and serves Veterans throughout San Diego and Imperial Valley Counties. VASDHS is in La Jolla, California with community-based outpatient clinics (CBOC) located in Chula Vista, Escondido, Imperial Valley, Mission Valley, Oceanside, Sorrento Valley, and the Rio VA Clinic in San Diego. The number of Veterans in San Diego and Imperial Valley Counties is estimated to be 247,074. In Fiscal Year (FY) 2018, VASDHS treated 84,712 Veterans. The total number of outpatient visits for FY 2018 was 983,451, which included 109,498 at the Oceanside Clinic. We provide medical, surgical, mental health, geriatric, spinal cord injury, and advanced rehabilitation services.

Policy Issues Related to Veterans Homelessness (Risk Factors)

According to the 2019 Point in Time (PIT) Count conducted in January, the San Diego region reported a total of 8,102 homeless individuals, of which 1,068 (13 percent) identify as Veterans. Veteran status and character of discharge are not verified during the Count. Of those who identify as Veterans, 644 were sheltered and 424 were unsheltered. The total number of homeless Veterans in the region decreased by 18 percent since the 2018 PIT count, and the unsheltered numbers decreased from the previous year by 35 percent. Since 2011, the region's overall number of homeless Veterans has decreased by 35 percent. In the 2019 PIT Count, the City of Oceanside had a count of 483 homeless individuals. Because the PIT Count does not break down Veteran status by City, the exact count of Veterans in Oceanside on the night of the Count is not known. However, utilizing the overall percentage of Veterans in the region, it can be estimated that approximately 63 homeless Veterans were in Oceanside on the night of the Count.

VA's Homeless Veteran programs comprise the largest integrated network of homeless treatment and assistance services in the Nation. As a component of this network, VASDHS strives to provide a continuum of service-from outreach to permanent housing-to our homeless Veteran population. VASDHS partners with the local community to offer a wide array of special programs and initiatives designed to help homeless Veterans live as self-sufficiently and independently as possible.

Over the past 5 years, VA and its partners have made a concerted effort to collaborate at the Federal level to ensure strategic use of resources to end Veteran homelessness. Coordinated entry systems (CES) are one outcome of this coordinated

effort. CESs represent the systematic approach that is needed at the community level to ensure that resources are being utilized in the most effective way possible and that every Veteran in that community is offered the resources he or she needs to end their homelessness. All homeless Veterans in a given community are impacted by the coordinated entry system, given that its framework is designed to promote community-wide commitment to the goal of ending homelessness and utilizing community-wide resources (including VA resources) in the most efficient way possible for those Veterans who are in most need. This includes the prioritization of resources for those Veterans experiencing chronic, literal street homelessness.

The VASDHS Health Care for Homeless Veteran (HCHV) Program fully participates in the regional CES which has been recognized by Community Solutions in 2017 as a “national example.”

VASDHS HCHV is designed to provide services to homeless Veterans and assist them in obtaining health care benefits within VASDHS or other local community programs if they are ineligible for VHA services. A priority of VASDHS HCHV is to break the cycle of homelessness using community resources, including permanent supportive housing programs; transitional housing programs; prevention and diversion programs; rapid-rehousing programs; substance use treatment programs; medical and mental health services; employment services; and/or case management. Sub-populations served range from those who are newly homeless and can self-resolve, to those who need temporary housing with short-term intensive services, to those that have severe mental health and/or substance use disorders and require ongoing supportive services to maintain permanent housing.

VASDHS HCHV manages a wide array of Homeless Veteran programs including those focused on:

1. Conducting coordinated outreach to seek out Veterans in need of assistance.
 - VASDHS HCHV has Outreach Social Workers that provide services at VA facility-based clinics, including La Jolla and Oceanside; at the regional Veteran emergency shelter/tent; or at various locations. The Outreach staff additionally go into the field alongside community partners, such as the San Diego Police Department’s Homeless Outreach Team and the Oceanside Police Department’s Homeless Outreach Team. The Outreach team responds to calls from the National Call Center for Homeless Veterans and responds to hospital-based consults submitted by VASDHS providers that are working with homeless Veterans in any of our locations.
 - VASDHS Veterans Justice Outreach (VJO) staff provide outreach services in local jails to justice-involved Veterans. These outreach efforts are offered alongside staff from the Veterans Benefits Administration to ensure a full range of resources. Individualized services are offered, with an effort to assist in discharge planning to prevent homelessness upon release. VJO Specialists staff local and Federal Veterans Treatment Courts with an effort to support justice-involved Veterans engaged in treatment services.
 - VASDHS is the co-founder of Stand Down, the homeless Veteran outreach and engagement event that started in San Diego 31 years ago in collaboration with Veterans Village of San Diego, a local community partner, and has since grown into a national program, replicated by other sites throughout the Nation.
2. Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services, and other required supports. VASDHS HCHV offers a variety of services to homeless Veterans and/or Veterans at risk for homelessness.
 - These programs include: Department of Housing and Urban Development-VA Supportive Housing Program (HUD-VASH), offering permanent supportive housing; Sponsor-Based permanent housing programs; Grant and Per Diem (GPD), offering transitional housing and program services; Contracted Residential Services Programs (CRS), offering specialty transitional housing and program services such as Recuperative Care and Safe Haven; Outreach, providing street-based and clinic-based outreach services, as well as responding to the National Homeless Call Center and VASDHS’ hospital-based consults; Homeless - Patient Aligned Care Team, offering primary care services to homeless Veterans; and VJO and Veterans Treatment Court programs. VASDHS HCHV additionally collaborates with adjunct programs, such as the VA-funded Supportive Services for Veteran Families (SSVF) program, to ensure Veterans’ accessibility to prevention, diversion, and rapid rehousing programs.
 - VASDHS HCHV participates in the S.A.V.E. program, a partnership between HCHV and VASDHS’ Suicide Prevention Program, whereby homeless program

staff provide suicide prevention training to community partners and first responders.

- HCHV Homeless Veterans Community Employment Services (HVCES) program connects Veterans to local employers and assists Veterans through individual and group services to access competitive employment opportunities. HCHV staff refer/link Veterans to the VA's Compensated Work Therapy Program and Vocational Rehabilitation and Employment Programs. HVCES staff also refer/link Veterans to the Homeless Veterans Reintegration Programs, a Department of Labor-funded program offered by local grantees.
3. Collaborating with Federal, state, and local agencies; employers; housing providers; faith-based and community nonprofits; and others to expand employment and affordable housing options for Veterans exiting homelessness. VASDHS collaborates with numerous Federal, state, and local partners to end homelessness among Veterans and has developed well-established partnerships with many different faith-based and non-profit programs.

- **Permanent supportive housing:** VASDHS HCHV program collaborates with HUD, San Diego Housing Commission, County of San Diego Public Housing Authority, City of Oceanside Public Housing Authority, and various Project-Based housing organizations contracted to offer HUD-VASH units, such as Trestle Development, Hyder & Company, Affirmed Housing, and Solari Enterprises.
- **Permanent housing programs:** VASDHS HCHV collaborates with San Diego Housing Commission, Alpha Square, and local SSVF programs, including, Interfaith Community Services (ICS), Veterans Villages of San Diego (VVSD), Volunteers of America (VOA), Southwest VOA, People Assisting the Homeless (PATH), and Veterans Community Services (VCS).
- **Transitional Housing programs:** VASDHS HCHV collaborates with St. Vincent de Paul/Father Joe's Villages (SVdP), ICS, VVSD of San Diego, VOA, Southwest VOA, and PATH.
- **CRS Programs:** VASDHS HCHV collaborates with SVdP and ICS.
- **VJO:** VASDHS HCHV collaborates with San Diego County Sheriff's Department, Vista Detention Center, San Diego Superior Court - Veterans Treatment Court, Federal Military Diversion Court, Federal Veterans Treatment Court.
- **Outreach:** VASDHS HCHV collaborates with San Diego Day Center, Family Health Centers of San Diego, San Diego Police Department Homeless Outreach Team (HOT), Oceanside Police Department HOT, City of Chula Vista Police Department's HOT, SVdP, ICS, VVSD, Southwest VOA, Veterans Community Services, Alpha Project, McAlister Institute, Union of Pan Asian Communities, National Alliance for Mental Illness, PATH, County of San Diego Health and Human Services, Downtown San Diego Partnership, and The Salvation Army.
- **Stand Down:** VASDHS is the co-founder of Stand Down, alongside VVSD.
- **Coordinated Entry System:** VASDHS HCHV collaborates with the Regional Task Force on the Homeless, which is the local Continuum of Care Council. VASHDS is an active Board Member of the region's Continuum of Care Council.
- **Other non-profit organizations providing goods and services:** VASDHS HCHV collaborates with the Elks Club, AmVets, and the Veterans Service Organizations.

In addition, VASDHS HCHV has actively participated in past local community initiatives such as the Mayor of San Diego's 1,000 Veterans program and Project 25, as well as nationwide efforts, such as Built for Zero and the 25 Cities Initiative.

These community partners have been strong partners in our efforts and we appreciate their contributions to our Veterans' health and welfare. VASDHS has worked with our community partners for more than 25 years. Ending Veteran homelessness depends heavily upon collaborative, joint efforts from community agencies and local governments.

Homeless Women Veterans

According to the 2019 PIT Count, the San Diego region has 83 homeless women that identify as Veterans, of which 48 are sheltered and 35 are unsheltered. VASDHS HCHV offers services to women Veterans in the GPD programs, located at Interfaith Community Services in Oceanside and VVSD in the City of San Diego. VVSD additionally receives special needs funding for two of their VA-grant programs to serve women Veterans and women Veterans with families. The local Veterans Emergency Shelter, privately funded and operated by VVSD, offers emergency shelter beds to women Veterans. VASDHS HCHV staff have established relationships with the VVSD shelter program staff and are able to assist with referrals for women Veterans when beds are available. VASDHS HCHV collaborates with the

Women Veterans Program at VASDHS, which offers resources to women Veterans, as well as connects them to specialty care for medical and mental health services. VASDHS recently implemented an Intimate Partner Violence program and VASDHS HCHV has assigned homeless program staff for this area of specialty to be trained this fall.

VA has made significant progress serving women Veterans in recent years, but homelessness among women Veterans remains an important concern and focus. Women Veterans can face many challenges when returning to civilian life, including raising children on their own and dealing with the psychological after effects of events such as military sexual trauma, employment, and housing barriers. Local Communities across the Nation are continuing to align resources to address these unique challenges. VA Women's Health services programs are engaged with to support a systematic and coordinated approach to care:

- **Women Veteran Program Managers (WVPM)** are located at every VA Medical Center (VAMC). WVPMs help coordinate all the services that women Veterans may need. Services include primary care, pregnancy care, psychiatric care and sexual trauma counseling, inpatient medical/surgical care, programs for homeless women Veterans, and quality of care issues.
- **Military Sexual Trauma (MST)** is the term used by VA to refer to sexual assault or repeated, threatening sexual harassment experienced during military service. Homeless women Veterans who use VA health care have higher rates of experiencing MST compared to all women Veterans who use VA health care. MST-related health care for physical and mental health conditions is available free of charge at every VA facility for eligible persons. There is MST Coordinators at every VAMC who can connect Veterans who have experienced MST to VA health care programs and services.

Mental Illness

Secretary Wilkie recognizes homeless Veterans are a high-risk population for suicide and has made suicide prevention one of his top priorities.

VA's National Center on Homelessness among Veterans published research in 2018 (<https://www.va.gov/HOMELESS/nchav/research/HERS6—Suicide.asp>) that found homelessness is associated with an increased rate of all-cause mortality and of suicide in Veterans. A study by John McCarthy highlighted at the VA Homeless Evidence and Research Synthesis Roundtable Proceedings in 2018 found that the suicide rate among Veterans with homelessness in the past year was 81.0 per 100,000 as compared to Veterans without recent history of homelessness with a rate of 35.8 suicides per 100,000.

Because suicide prevention is one of the Secretary's top priorities, VA Homeless Programs are required to collaborate with Suicide Prevention programs using the S.A.V.E. program to cross-train homeless program staff on suicide prevention programs and to enable homeless program staff to train community providers and first responders on suicide and suicide prevention. Additionally, this team meets regularly to review high-risk Veterans identified by the Recovery Engagement and Coordination for Health program to discuss and develop appropriate treatment plans to address risk factors. VASDHS HCHV has staff from the CES program, the VJO program, and Outreach program that meet with the Suicide Prevention Coordinator monthly. Staff involved in this effort have provided formal training to local GPD Providers as well as other Veteran community partners and first responders.

Affordable Housing

VA continues to promote the establishment of affordable and permanent supportive housing and works with all partners to encourage efforts aimed at financing and developing additional housing stock to address the market factors. VASDHS's Homeless Program is working with San Diego Housing Commission to open project-based housing units for the HUD-VASH program. The first project came online in the Spring of 2019, and two additional programs will be opening this fall. VASDHS's Homeless Program is currently in talks with two prospective community partners about the possibility of converting tenant-based vouchers to project-based vouchers to create more available units in the region. In addition, VA and HUD have awarded the San Diego Housing Commission and County of San Diego Public Housing Authority 100 project-based vouchers to create dedicated units subsidized by these HUD-VASH vouchers.

Criminal Justice History

Studies of Veterans receiving VA homeless services have shown that 65% have a history of incarceration in prison or jail. Criminal justice histories create barriers-

in addition to those noted above—to permanent housing, employment, education, and other resources, further limiting VA’s ability to help homeless Veterans access these resources. This limitation is particularly acute for Veterans with histories of sexual offenses, for whom barriers to critical resources imposed by Federal, state, and local authorities pervade most areas of life. VA serves Veterans with criminal justice histories in its own programs (e.g., HUD–VASH) and facilitates Veterans’ access to legal services, which may offer opportunities for record expungement, however, access barriers for those with criminal justice histories continue to limit the ability of many Veterans to take advantage of non-VA resources.

Employment

The lack of employment opportunities and services that mitigate barriers to employment will adversely impact housing stability and community integration for formerly homeless Veterans. Without enough income, transitioning homeless Veterans will not be able to exit homelessness into permanent housing successfully. As mentioned above, VA’s HVCES staff work closely with community partners and VA Medical Facilities to ensure that a range of employment services are accessible to Veterans who have experienced homelessness.

VA continues to support Vocational Development Specialists who are embedded in homeless program teams and serve as Employment Specialists and Community Employment Coordinators. In addition, HVCES program staff ensure that Veterans who have experienced homelessness, including chronically homeless Veterans, have access to a range of employment services that complement existing medical center-based employment services and are a bridge to employment opportunities and resources in the local community.

- In April 2018, the HVCES program set a national goal of reaching 10,000 unique instances of employment (each episode of employment gained by a Veteran) between April 1, 2018, and March 31, 2019.
- As of April 1, 2019, there were over 21,000 unique instances of employment, more than double the employment goal for Veterans engaged in or who exited from VHA Homeless programs or Services.

Data Sharing

Due to the transient nature of this population, a loss of access to Veteran health care information may also lead to inaccurate master by-name lists of Veterans experiencing homelessness in local communities and local resource planning as a result. Improving data sharing processes between VA and communities will ensure that Veterans experiencing homelessness have access to available services and resources. The risk of not improving data sharing processes will impact community’s ability to successfully assess needs of homeless Veterans and match services to meet those needs.

Reducing Veteran Homelessness

Reducing the number of Veterans who become homeless continues to be a vital step towards VA’s goal of ending homelessness among Veterans. VA is working to improve predictive strategies and deploying evidence-based practices designed to identify and prevent homelessness. VA has begun a national rollout of the Rapid Resolution Initiative which expands on a pilot program begun in FY 2018 to reunify Veterans with family members or friends as an alternative to shelter entry. SSVF is supporting mediation training by conducting free train-the-trainer programs for grantees around the country supported by an SSVF technical assistance grant. The train-the-trainer approach literally trains grantee staff to become trainers, so they can educate other staff in their agency and the broader community on these mediation techniques. VA Community Entry Specialists have also been invited to these trainings so VAMC staff are able to join this collaborative effort. In addition, SSVF has provided grantees with additional funding so they can support education for their staff on these techniques. Using mediation training and modest financial incentives through the SSVF program, VA is working with HUD, the U.S. Interagency Council on Homelessness, and other Federal agencies to create policies and train community-based staff to support implementation of this model. VASDHS SSVF providers have been working with VASDHS HCHV to implement the Rapid Resolution program locally in FY 2020.

In addition, VASDHS HCHV uses results from the Community Homelessness Assessment, Local Education, and Networking Groups for Veterans (Project CHALENG) to identify unmet needs and encourage new partnership development to meet those needs. Over the years, CHALENG has helped build thousands of relationships between VA and community agencies so they can better serve homeless

Veterans locally. Data from the survey on Veterans' unmet needs have assisted VA in evaluating programs for their scale, scope, improvement, and effectiveness to prevent and end homelessness for our Nation's Veterans.

Unique Challenges

Nutrition, the Criminal Justice System, Health Care, and Employment

Significant progress has been made in preventing and ending Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010, as more than 700,000 Veterans and their family members have been permanently housed or prevented from becoming homeless. Although significant progress has been made, homeless and at-risk Veterans are faced with many challenges. VA has taken the following actions to address these challenges.

Nutrition

In 2018, VA partnered with Feeding America with a shared goal and commitment to Veterans who require immediate hunger assistance in support of ending Veteran food insecurity. Through this partnership, VA and Feeding America have worked together to support participating Feeding America network food banks and VA medical facilities, through the development of pop-up food pantries at 18 VAMCs. Through these pantries, more than 600,000 meals have been served to more than 30,000 Veterans and their family members who were experiencing food insecurities or those at risk of experiencing food insecurity. This partnership is growing as more VAMCs set up pantries through this partnership.

VJO

VA serves justice-involved Veterans through two dedicated national programs, both prevention-oriented components of VA's Homeless programs: Health Care for Reentry Veterans (HCRV) and VJO. Known collectively as the Veterans Justice Programs, HCRV and VJO facilitate access to needed VA health care and other services for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following incarceration.

Part of the continuum of services offered by VASDHS HCHV is the VJO program. This program provides resources, referrals, and case management services by VJO Specialists to Veterans with a variety of justice-involved needs, ranging from those participating in Treatment Court to those who are incarcerated, those that may be on probation/parole, and for those in need of homeless court advocacy.

VJO Specialists are assigned to provide case management services to Veterans involved in the following VTC: San Diego's Superior Court Veterans Treatment Court, Federal Military Diversion Court, and Federal Veterans Treatment Court.

The VJO program works closely with the Sheriff Department in the Vista Detention Center's Veterans Module to offer information, resources, and participates in discharge planning for incarcerated Veterans to ensure that Veterans are linked to programs to address issues related to housing, substance use, medical care, mental health, and employment programs prior to their release. Specifically, many Veterans are linked by the VJO Specialists to VA-funded GPD programs, the VASDHS Alcohol and Drug Treatment Program as part of their probation/parole. A VJO Specialist provides case management services after release from the Veterans Module to ensure greater success and to help reduce recidivism. This program has won several awards for excellence and has since been replicated by other Sheriff Departments nationally.

Expanding Access

H.R. 2398 would amend the United States Housing Act of 1937 and title 38, United States Code (U.S.C.), to include those who are ineligible for other VA Homeless programs authorized by 38 U.S.C. 2011, 2012, 2013, 2044, and 2061. As VA expressed in a letter to the Subcommittee on May 31, 2019, VA supports the expansion of eligibility in section 1(b) of the bill, although we note that the amendments made by section 1(a) of the bill are unnecessary because there is no eligibility issue on the HUD authorization side. This legislation is designed to match HUD-VASH eligibility criteria to that of the GPD and SSVF programs. Although VA supports this proposed legislation as it will allow additional vulnerable chronically homeless Veterans to receive much-needed HUD-VASH vouchers and case management, we note that in expanding eligibility, VA and HUD will need to coordinate to ensure responsible program implementation in order to maintain continued quality of care and success of the HUD-VASH program.

VA also supports H.R. 716 if amended, as the bill is similar to a legislative proposal in VA's FY 2020 budget request. VA testified on this bill at a July 19, 2019, Subcommittee hearing.

Conclusion

VA, VASDHS, and the Oceanside Clinic, are committed to providing the high-quality care our Veterans have earned and deserve. We continue to improve access and services to meet the needs of Veterans. We support all efforts to increase Homeless Veteran HUD-VASH prioritization eligibility. We appreciate the opportunity to appear before you today and the resources Congress provides VA to care for Veterans.

Prepared Statement of R. Hunter Kurtz

Introduction

Good morning Chairman Takano, Chairman Levin, Ranking Member Bilirakis, and Congressman Peters. Thank you for this important opportunity to discuss the efforts of the U.S. Department of Housing and Urban Development (HUD), its Office of Public and Indian Housing (PIH), and our Federal partners to end veteran homelessness in the United States.

HUD is committed to ending veteran homelessness by working collaboratively with our partners and maximizing the effectiveness of all existing resources. Thanks to funding from Congress and close collaboration among Federal and local partners, the nation has continued to make progress in addressing veteran homelessness and creating sustainable Federal and local systems that quickly respond to homelessness.

I am honored to serve as HUD's Assistant Secretary for Public and Indian Housing. The HUD-VASH program, which is administered by PIH, works to provide homes to veterans who are homeless, or who are at risk of homelessness. HUD staff, local housing authorities, Continuum of Care, and local Veterans Affairs medical centers (VAMCs) work in tandem to provide homes and services to homeless veterans. I can attest that this program has been successful in providing a home-not just a house-to our nation's veterans.

General HUD Homeless Assistance Programs

HUD's Office of Community Planning and Development (CPD) provides about \$2.4 billion annually to communities to help end homelessness. Funding is primarily used for permanent supportive housing, which successfully houses people with long histories of homelessness and significant disabilities. Permanent supportive housing has proven to reduce hospitalization and emergency room utilization while dramatically improving the well-being of the people it serves. HUD also provides funding for rapid re-housing, a cost-effective strategy that helps people move quickly into housing. This strategy combines short-term financial assistance and supportive services to help the formerly homeless stabilize in their housing, increase their employment and income, and connect to community supports. HUD also supports emergency shelter, transitional housing, and many other types of assistance dedicated to ending homelessness.

In 2017, the last year for which data is available, approximately 17,000 veterans were served using \$97 million through HUD's Continuum of Care (CoC) program. Most of that funding is for permanent supportive housing that houses approximately 10,000 veterans with disabilities. Thousands more veterans are served with rapid re-housing, emergency shelter, and other assistance.

HUD-Veterans' Affairs Supportive Housing (HUD-VASH)

As I stated previously, the HUD-VASH program is administered by HUD's Office of Public and Indian Housing. HUD-VASH is dedicated to housing homeless veterans. HUD-VASH has been successful in its approach to addressing veteran homelessness by providing long-term housing assistance to the most vulnerable veterans experiencing homelessness. It combines housing choice voucher (HCV) rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs. VA provides these services for participating veterans at VA medical centers (VAMCs) and community-based outreach clinics.

In the HUD-VASH program, the local VAMC case managers screen and determine veteran eligibility for the program. Eligible veterans are then referred to the partnering Public Housing Authority (PHA) to receive their housing voucher assistance. By agreeing to administer the HUD-VASH program, the PHA is relinquishing

its authority to determine the eligibility of families in accordance with regular Housing Choice Voucher program rules and PHA policies with one exception: PHAs are required to prohibit admission of any member of the household subject to a lifetime registration requirement under a state sex offender registration program. PHAs must also ensure that veterans are income eligible.

To date, Congress has appropriated \$755 million in HUD-VASH funding. HUD-VASH vouchers are renewed based on actual leasing, as with the HCV program generally. When a household leaves the program, their voucher is reissued to another eligible household.

Every year since 2008, HUD and VA have collaboratively awarded new HUD-VASH vouchers based on a community's eligible veteran population and administrative capacity. A total of 97,576 HUD-VASH vouchers have been awarded to PHAs to date. There have been additional PHAs added to each allocation. There is at least one PHA administering HUD-VASH in each of the 50 states, in the District of Columbia, Puerto Rico, and Guam. Of these, about 4,700 were awarded through a competitive set-aside as project-based vouchers (PBV) in which the rental subsidy is assigned to a specific housing unit rather than provided to a veteran to find a unit in the private market to rent. PBVs have proven to be an effective tool to help address the need for HUD-VASH in high-cost rental markets or where there is a lack of affordable housing stock. In addition to the HUD-VASH vouchers specifically awarded as PBV, PHAs, with the support of their local VA partners, have the ability to convert any of their existing HUD-VASH vouchers to PBV.

According to VA data, 76,992 HUD-VASH vouchers were under lease. An additional 4,693 had been issued but were not yet leased. This equates to a total of 81,685 HUD-VASH vouchers "in use." An additional 1,371 had been referred, but were not yet issued. Over 174,000 veterans have moved into housing with a HUD-VASH voucher since 2008.

HUD will be awarding approximately 5,000 new HUD-VASH vouchers with the additional \$40 million in HUD-VASH funding that was appropriated in FY2019. HUD is working with VA and the U.S. Interagency Council on Homelessness (USICH) to determine the processes and priorities for this award.

HUD did not request new HUD-VASH vouchers in FY 2020 because, based on an analysis conducted jointly by HUD and the VA, the turnover of these existing HUD-VASH vouchers and the FY 2019 appropriation of \$40 million is enough to meet the demand of current referrals of VA eligible veterans who are experiencing homelessness and require the intensive services and support of a HUD-VASH voucher.

To fulfill our shared commitment to ending veteran homelessness, it is important to remember that HUD must serve all veterans experiencing homelessness, including those not eligible for VA services. To achieve this, HUD has been working with select communities and their local VA and CoC-funded local supportive service providers to create a process that allows PHAs to partner with local, VA-designated service-providers and use a portion of their existing HUD-VASH vouchers to assist those homeless veterans with other-than-dishonorable discharges who do not qualify for VA healthcare. This flexibility also helps communities better maximize the utilization of their HUDVASH resources.

Congress has provided HUD flexible authority to design the HUD-VASH program in ways that would best serve veterans experiencing homelessness. These efforts around HUD-VASH demonstrate HUD's commitment to optimize the effectiveness of the HUD-VASH program and allow for local flexibility in addressing the homeless veteran population. HUD is also exploring options to ensure maximum utilization of these vouchers to ensure the highest number of homeless veterans are being served across the country. Because HUD-VASH is a joint program between HUD and the VA, both Departments are working collaboratively on this reallocation effort to ensure that existing HUD-VASH resources are being used as efficiently and effectively as possible to serve the maximum number of eligible veterans across the country. Therefore, HUD and VA are focusing on changes to maximize effectiveness in the allocation of new vouchers and supporting PHAs in their efforts to improve utilization, as opposed to the recapture and reallocation of existing vouchers.

Recapture and Reallocation of HUD-VASH Vouchers

In March of this year, HUD submitted a report to Congress on the recapture and reallocation of HUD-VASH vouchers in response to the Consolidated Appropriations Act, 2018 (P.L. 115-141). Congress directed the department to use existing authority to recapture HUD-VASH vouchers from PHAs that voluntarily declare they no longer have a need for or have mismanaged their allotted vouchers.

Because HUD-VASH is a joint program between HUD and the VA, both departments are working collaboratively and view this reallocation effort as part of a

broader mission to ensure all existing HUD-VASH resources are being used as efficiently and effectively as possible to serve the maximum number of veterans across the country. In general, the goals of the reallocation process is to ensure that all current and future HUD-VASH resources are being used to the maximum benefit of veterans. HUD and VA will continue to report on the process and actions taken.

At this time, HUD has not recaptured and reallocated HUD-VASH vouchers. There has been no PHAs or VAMCs that have voluntarily declared that they no longer have a need for HUD-VASH, nor has HUD or VA determined that any PHAs has mismanaged its allotted vouchers. HUD reviews HUD-VASH utilization rates when new data is available each month and addresses any PHAs with low utilization.

However, HUD has established a process for transferring HUD-VASH vouchers between mutually agreeing PHAs within a single VAMC catchment area to address utilization issues while still addressing the need at the VAMC level. Additionally, the departments collaborated to create HUD-VASH Continuum to serve VA-ineligible veterans through a non-VA provider when there are HUD-VASH vouchers available.

Currently, HUD is focused primarily on changes to the allocation of new vouchers to maximize effectiveness. For example, the department has utilization threshold criteria to only award additional HUD-VASH vouchers to communities effectively using their existing HUD-VASH resources.

Tribal HUD-VASH

The Tribal HUD-VASH demonstration program provides rental assistance and supportive services to veterans who are Native American and experiencing homelessness, or at risk of homelessness, while living on or near a reservation or other Indian areas. Veterans participating in this program are provided housing assistance through HUD and supportive services through VA to foster long-term stability and prevent a return to homelessness.

The pilot was first authorized in the Consolidated and Further Continuing Appropriations Act, 2015 (Public Law 113-235) and Congress has continued its support in subsequent years by enacting funds for renewal grants and modest expansion. In all, 26 Indian tribes or tribally designated housing entities (TDHE) currently participate in the program. These recipients were initially awarded grants totaling \$5.9 million based on their level of need and administrative capacity. HUD provided a first round of renewal funding to these recipients in 2018 and expects to do so again in 2019. HUD will also award additional funding to expand the program using funds provided in the Consolidated Appropriations Act of 2017.

Implementation of the program is overseen by HUD's Office of Native American Programs (ONAP) within PIH, and VA is responsible for providing case management services and referring eligible veterans for housing assistance. As of July 31, 2019, approximately 600 veterans have received case management services, and of those, over 345 veterans are also currently being housed under the Tribal HUD-VASH program. The program is producing tangible results, housing homeless or at risk of becoming homeless Native American veterans and their families who were camping out, living in places not meant for human habitation, living in severely inadequate units - without running water, heat or electricity-or in overcrowded living conditions.

The President's Budget for FY 2020 requests authority to set aside up to \$4 million of Tenant Based Rental Assistance funds for necessary renewal funding for the Tribal HUD-VASH program. While HUD believes there is sufficient carryover funding appropriated in previous years to provide renewal grants, this authority will allow the Department to ensure that all veterans remain stably housed in the event that renewal funding needs are higher than anticipated.

Continued Collaboration with VA and USICH

HUD has worked closely with VA for many years administering HUD-VASH. Together, HUD, VA and the USICH have implemented a joint decision-making structure known as Solving Veterans Homelessness as One (SVHO) where the agencies jointly administer the programs and policies related to veteran homelessness and develop and implement a range of strategies for preventing and ending veteran homelessness. This structure allows us to jointly review data on HUD-VASH and other programs and to coordinate policymaking to ensure our assistance is integrated and impactful.

This collaboration has also helped us improve utilization in the HUD-VASH program, coordinate the implementation of the Tribal HUD-VASH program, better target available assistance to those with the highest needs, and ensure resources are

prioritized for communities with greater numbers of veterans experiencing homelessness.

HUD, VA and USICH have also used the structure of SVHO to jointly create standards for evaluating whether communities have ended veteran homelessness. Since 2014, more than 880 elected officials, including mayors, city and county officials, and governors have set a goal of ending veteran homelessness in their communities. As of August 9, 2019, 77 communities and 3 states have achieved the goal.

The agencies also collaborate on the implementation of Coordinated Entry Systems, meaning a system that is easy for veterans and other persons experiencing homelessness to access. Coordinated Entry ensures that a homeless person has simple access to housing and other homelessness resources. The collaboration between HUD and VA ensures that veterans have access to all the resources in a community, including VA dedicated resources, no matter where and how they access assistance.

Technical Assistance for Communities

Because the ability of any community to end veteran homelessness depends on the strength of each community's leadership and successful implementation of proven strategies, HUD and its Federal partners are committed to helping communities get there. In addition to providing homeless assistance funds, HUD supports several technical assistance initiatives that have helped reduce veteran homelessness. The Built for Zero and Vets@Home initiatives help communities implement best practices and learn from the successes of other communities. Both initiatives were designed with the explicit goal of helping communities end veteran homelessness.

Some best practices have included incorporating HUD-VASH in a larger coordinated entry system to ensure there are multiple access points for veterans seeking help, coordinated outreach efforts to locate all veterans in need of assistance, and better data sharing across systems to ensure veterans do not fall through the cracks.

HUD has worked with its partners to identify specific strategies for utilizing HUD-VASH vouchers in high-cost, low-vacancy communities. These are often the same communities with the greatest need. In addition to converting HUD-VASH to project based vouchers, PHAs have used their flexibility to increase their payment standard, including the adoption of exception payment standards, to be competitive in the private market. Another strategy has been intensive landlord outreach and maintaining landlord relationships. PHAs have also been able to connect with local service providers that assist veterans in their housing search.

HUD continues to help communities with targeted assistance. The Department has launched a technical assistance initiative focused on helping communities with high numbers of unsheltered people experiencing homelessness, including high numbers of unsheltered veterans. The initiative focuses on helping those communities implement best practices that have helped end veteran homelessness in cities such as Houston, New Orleans, and Las Vegas. HUD is also providing assistance to rural communities to help increase their capacity and address challenges unique to veterans living in rural areas, such as access to transportation.

Results

Each year, communities across the country conduct point in time counts of people experiencing homelessness. The count, held annually in January, includes people living in shelters as well as people sleeping on sidewalks, in parks, in cars, or in other places not meant for human habitation. While we work to reduce homelessness across all populations, we have made real progress on reducing veteran homelessness. Based on the 2018 count, veteran homelessness decreased by 5.4 percent between 2017 and 2018 bringing the overall decline in veteran homeless to 49 percent (a decrease of 36,209 veterans) since 2010. This kind of reduction is historic, and HUD-VASH has been a primary reason for this progress.

A robust body of evidence shows that the combination of housing vouchers, permanent supportive housing, rapid re-housing, and other targeted interventions can indeed end homelessness. The long-term national trend and the results in the many communities that have ended veteran homelessness show the positive results of a coordinated effort.

Conclusion

A great deal of progress has been made in the way HUD works with other agencies to address veteran homelessness. The HUD-VASH program continues to be a model for interagency collaboration and one of the best tools for ending veteran homelessness. Nonetheless, HUD must continue to find ways to maximize the effectiveness of the HUD-VASH program, while also assisting communities in utilizing all available homeless assistance resources.

Thank you again for this opportunity to discuss HUD's efforts to end veteran homelessness.

Prepared Statement of Ginny Puddefoot

Good morning.

My name is Ginny Puddefoot and I am the Executive Officer of the Homeless Coordinating and Financing Council. The Council is under the California Business, Consumer Services and Housing Agency and is chaired by Alexis Podesta, Secretary of the Agency.

The California Department of Veterans Affairs (CalVet) is represented on the Council by Undersecretary Russell Atterberry, who was, until January 2019, the Vice Chair of the Council.

Before I get started, I'd like to give you some facts and figures about homelessness, and veterans' homelessness, in California.

California has 12 percent of the nation's population but 25 percent of the nation's homelessness.

We have the largest number of veterans of any state. That's about 8.5 percent of the nation's veterans, but we have about 28 percent of the nation's homeless veterans.

The homeless point-in-time count occurred early this year. While the final numbers from the U.S. Department of Housing and Urban Development (HUD) won't be coming out until the fall, the vast majority of local reporting agencies are reporting increases in their homeless populations.

However, we have been seeing progress in reducing veterans' homelessness. In January, Los Angeles County reported an overall increase of 12 percent in the total number of homeless but reported a slight drop in the number of homeless veterans.

And I know we're in San Diego County, but I want to acknowledge our neighbor Riverside County to the north. Riverside County is the first county in California to reach "functional zero" when it comes to the number of homeless veterans there. That means that homelessness among veterans in Riverside County is rare, brief, and non-recurring, and no veteran is forced to live on the street.

There is still a lot of work to do in addressing homelessness in general, and veterans' homelessness specifically.

Some of that work is underway.

In 2014, California voters approved Proposition 41, which created the Veterans Housing and Homelessness Prevention Program, and provided \$600 million to fund it.

It provides new affordable housing for veterans and their families, with an emphasis on developing housing for veterans who are homeless or at risk of homelessness.

It places a priority on projects that combine housing and supportive services, and encourages and fosters innovative financing.

The funding is administered by CalVet and the California Department of Housing and Community Development, in close consultation with the California Housing Finance Agency.

To date, 17 projects comprising 546 units have been completed and are currently occupied by veterans. Another 47 projects comprising 1,772 units are in the pipeline.

Last year, voters passed another ballot measure, Proposition 1, the Housing Programs and Veterans' Loans Bond.

Proposition 1 authorized \$4 billion in bonds, including \$1 billion for the CalVet home loan program.

They also approved Proposition 2, which allows revenue from 2004's Proposition 63 to be utilized for housing programs.

Specifically, this will fund the No Place Like Home program, which provides funding for development of permanent supportive housing for people who are in need of mental health services and who are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness.

The process for getting that money out the door is underway.

More immediately, in 2018, \$500 million was appropriated to establish the Homeless Emergency Aid Program (HEAP), to give flexible block grants to the state's 11 largest cities and 43 Continuums of Care.

HEAP was designed to provide short-term help until larger programs come online. HEAP money was to help local jurisdictions address their immediate challenges while allowing them optimal flexibility in determining how to spend it. The idea was

that local communities know their homelessness issues best and should be the ones to decide how to spend money to address them.

HEAP came into being on July 1, 2018 - the start of the state's fiscal year - and by the end of 2018, all \$500 million had been awarded to all 11 cities and 43 continuums of care, with all distributions completed by March of 2019.

In other words, the state moved very fast to both create a program and get the funding out to local jurisdictions.

The budget that took effect on July 1 of THIS year includes another \$650 million in one-time block grant funding through a new program - the Homeless Housing, Assistance and Prevention Program.

It, too, is bridge funding to help local jurisdictions until additional funding is available.

This money will go to California's 13 largest cities, to Continuums of Care, and to California's 58 counties. They can use it for expansion of emergency shelters and navigation centers, rapid-rehousing, permanent supporting housing, and other such efforts.

To get the money, the local jurisdictions must show how they will collaborate around a regional plan to address homelessness.

Earlier, I mentioned Riverside County and how it has achieved "functional zero" in terms of veterans' homelessness.

One of the ways they did that was through the use of real-time data, which they used to come up with evidence-based solutions for veterans' homelessness.

That's an approach California will use.

The Homeless Coordinating and Financing Council is developing a State Strategic Action Plan to Address Homelessness to focus on how to prioritize its resources to efficiently and effectively address homelessness.

It will provide guidance on evidence-based actions that can be taken to quickly and significantly reduce the number of individuals and families experiencing homelessness, and reduce the duration and number of episodes of homelessness that people experience.

The work of creating that plan is underway. We have issued a request for white papers to get input and recommendations from experts, advocates and other stakeholders. We received 42 white papers which are currently under review.

This fall, we will have a list of recommended actions and best practices and will reach out to key players to solicit their help and input. By the end of the year, we will convene focus groups and meetings with stakeholders and begin drafting the plan.

By spring of next year, we hope to have a final plan to present to the Homeless Coordinating and Financing Council for their approval so that we can begin implementing the actions contained in the plan.

As you can see, we have a lot of irons in the fire and I'm optimistic that all of these efforts will make a serious dent in homelessness in general and veterans' homelessness specifically.

I am gratified that more attention is being paid to homelessness in recent years and that we are seeing the resources to make a positive impact on the problem.

Thank you.

Prepared Statement of Ronald J. Stark, MBA

Summary:

My testimony with respect to the Committee on Veterans' Affairs Subcommittee on Economic Opportunity entitled "Housing our Heroes: Addressing the Homeless Veterans Crisis" is given in my role and capacity as the San Diego Veterans Coalition President of the Board, though it is certainly informed by observations in my several other roles listed on my curriculum vitae.

The number of homeless veterans using the annual "Point in Time" method seems to always be met with challenges of being under reported, over reported, a subjective measure, using an unreliable method of counting veterans on the streets early in the morning, and it use self-reports to interviewers with minor incentives.

It seems that with current technologies, we could develop and implement more sophisticated methods to have a more real-time estimate of the number and condition of our veterans who are homeless.

The SDVC has supported and promoted safeguarded, cross-sector data sharing that provides a much more reliable estimate to use to determine how much funding and programming is required, and where.

In SD County we have been using the SD United platform backbone system (powered by 2-1-1 SD) to screen, partially enroll, refer, and intake veterans into services.

This platform can provide a reliable number of how many veterans use a particular service and collect valuable demographic information to direct policy.

SD United is capable of being interoperable with a larger Community Information Exchange nationally that includes input from public health, the VA, community-based providers, and private practices. I can compare profiles and aggregated report of how many veterans are homeless, and their services requests and usage, unmet needs, demographics, and geographic location.

Anecdotal, we hear there are veterans, especially female veterans, are functionally homeless going from one friend or family member to another, sleeping in their cars parked off street at a friend's, relative's, or a compassionate community member's residence, a business parking area, and other creative resourceful means.

An expanded Community Information Exchange would go a long way accurately determine how many veterans are homeless and using such means to survive.

We have come a long way in terms of programs and systems for veteran who homelessness, and successfully intervened and halted the trend, but there is one group of homeless veterans who are in desperate need of an immediate system change.

It has been widely reported that individuals with mental illness, substance use disorder, and homeless age much faster than their peers in the general population because of a variety of contributing factors; unsanitary living environments, poor hygiene, inability to self-manage and navigate healthcare, transportation, etc.

I have directly observed this in San Diego County in my work over the years as Logistics Coordinator and Site Supervisor of the San Diego Stand Down for Homeless Veterans and Their Families.

I am convinced that because homeless veterans age at a more rapid rate, and they are the leading of a growing general population of aging veterans.

At Stand Down for the past several years I have seen more and homeless veterans using canes, walkers, wheel chairs, assisted by a caregiver, and in need of geriatric medical services for foot and extremity care, and more extreme care for infections, and other cognitive ills associated with aging.

Many/most of these veterans leave stand down and return to the streets because they do not meet the criteria for current programs. These are incredibly poignant situations and some will die on the streets if we do not change the criteria to align with their needs and cognitive capacity.

I urge the Nation to act quickly to come alongside of these aging homeless veterans.

Prepared Statement of Kimberly Mitchell

Mr. Chairman, Mr. Ranking Member: Thank you for the opportunity to appear before you today to provide testimony about the housing needs of veterans.

I am Kim Mitchell, President and CEO of Veterans Village of San Diego. We are a not for profit housing provider here in San Diego and we serve more than 2,000 military veterans each year. I also serve on the Board of Directors of the California Association of Veteran Service Agencies, CAVSA, and offer my testimony on behalf of both VVSD and CAVSA today.

I want to begin by acknowledging the many men and women in the audience today who have served our country in uniform. Thank you for your service.

Mr. Chairman, I am reassured by the title of today's hearing: veteran homelessness is a crisis. It is one that touches both rural and urban parts of our country, and one that requires immediate resources and attention if we are ever going to get ahead of it.

Today, in San Diego, we are finally catching our breath. The last two years have been difficult, as a devastating outbreak of hepatitis plagued homeless communities across the region. In response, VVSD and our partners stood up an emergency shelter to provide safe, clean living conditions for an additional 200 veterans that were on the street and susceptible to this potentially deadly virus. We had to act fast, but I believe our response not only helped rebuild livelihoods, it also saved lives.

As the immediate threat from hepatitis subsides, now is a perfect time for reflection. In my mind, the most important question is "what can we do to prevent this from happening again?" Improvements can be made across the board, but because of the work we do at VVSD, I can offer some concrete recommendations about what the VA can do to help.

First, we need to expand the VA's Grant Per Diem program (GPD) by increasing the rates at which providers are reimbursed.

GPD is the first line of defense against veteran homelessness and is widely regarded as a successful, short term program that helps at-risk veterans get back on their feet. The program works, and VVSD and my fellow CAVSA members strongly support the goals and structure of the program as it operates today.

It is worth noting, however, that the significant structural and regulatory changes to GPD three years ago made it more challenging to administer. VVSD and CAVSA commend the VA for improving the effectiveness of this important program, but note that the changes added significant costs to grantees. As such, we ask that Congress or VA increase reimbursement rates by at least 25%. This modest increase will result in community partners like VVSD being more able and willing to expand the number of beds they offer, especially to individuals participating in the "Bridge" and "Clinical" tracks.

Second, we need to better leverage project-based HUD-VASH vouchers by contracting out supportive services to the qualified veteran housing providers that receive these vouchers.

As administrators of HUD-VASH project-based grants, VVSD and CAVSA members bear the burden of the VA failing to maintain its 25:1 ratio of case managers to program participants. In our facilities, we see that VA case management staff often fail to even show up to provide our tenants with the mental health, job training and social services support they need. As a result, we end up funding this support out of our own pockets. As non-profits, this is hard to do. It is also especially frustrating given the fact that Congress has consistently funded these positions! It's just that the VA can't seem to get the staff into the field.

There are two solutions to this problem:

- Congress could enact legislation that awards the recipient of a project-based HUD-VASH housing voucher with the commensurate funding to administer the services associated with that voucher. Or;
- The VA and HUD Secretaries-which have virtually unlimited authority to waive law and regulation to improve the administration of HUD-VASH-could issue a directive to accomplish the same goal.

Either way, the routine failure of the VA to provide the casework associated with HUD-VASH is a significant drag on the effectiveness of the program and must be remedied without delay.

Mr. Chairman, Mr. Ranking Member, this concludes my oral remarks. I want to again thank you for shining a light on this important issue, and working to improve the effectiveness of VA's Homeless Housing programs. I am happy to answer any questions the Committee may have.

Prepared Statement of Matt Schillingburg

THE PROBLEM:

Less than 1% of the population of the United States ever volunteer to "Support and Defend the Constitution of the United States of America against ALL enemies foreign and domestic." In doing so, service members become a special part of our nation that are willing to sacrifice their own lives to preserve the freedoms that so many American enjoy on a daily basis.

Over 2 million servicemen and women have been deployed over 3 million times since 9/11 in support of the Global War on Terror (Department of Defense [DoD], 2012). These troops have included Active Duty, Reserve, and National Guard personnel, with Reserve and National Guard personnel being utilized as a part of the operational force structure after 9/11. These numerous deployments are one of the many reasons that our service members decide to make the transition from military life to civilian life and these numerous deployments weigh heavy on the veteran, which in turn manifests itself in many different ways that contribute to the problem of veteran homelessness in the United States.

Active Duty Veterans and their families, as well as transitioned veterans face significant housing challenges. California has the largest number of veterans' homelessness in the United States with 9,600 veterans homeless. Homeless veterans in California represent 24% of the National Homeless Veteran Population.

Many Veterans do not have stable housing after they separate from the Military, and many housing markets in California, it is difficult, if not impossible, for Mili-

tary families and even single service members that might have once enjoyed Military Housing or barracks, to transition to the civilian housing market.

- Only 54 % of pre-9/11 veterans and 35% of post 9/11 veterans lined up housing after the military in the San Francisco Area;
- Only 10% of pre-9/11 veterans and 18% of pre-9/11 veterans reported being homeless in Orange County;
- Over a 25% of military veterans reported that they lacked housing in the past 2 years in Los Angeles according to HUD.

1.5 million veteran households suffered severe housing costs in 2011 and it has only become worse.

According to Los Angeles Housing Authority, HUD-VASH housing vouchers have the lowest success rate among the housing vouchers that the Authority issues.

“Success” is defined as placing the voucher recipient in a rental unit. The success rate for the Los Angeles Housing Authority’s for non-veteran housing is 67%. The success rate for HUD-VASH vouchers for veterans drops to 33%.

This is unacceptable for our veterans and changes need to be made to address the issue.

San Diego County has one of the highest population of veterans in the United States and with an estimated 250,000 Veterans. Most of those Veterans choose to stay in San Diego County after retiring from the military or transitioning from the service and many such as myself return to their roots here, in San Diego.

I personally retired from the United States Army in Texas in 1996 but returned to my home, here in San Diego. Transitioning from the military to civilian life was very difficult after a 20-year career in the military. Although, retired with a pension, I was faced with the difficulty of translating my military skill-set to the civilian world for job possibilities and securing housing for myself and my family. I was able to do so but so many veterans today cannot.

It was a different time from when I retired in 1996 to present day transitions for service members in San Diego County.

It is estimated that there are approximately 1,400 homeless veterans on the streets of San Diego.

The question becomes, “Is ending Veteran homelessness possible in states with the highest incidence (e.g., California and Washington), especially since some areas have seen an increase in homelessness?”

Answering that question is very complicated because many variables factor into that question.

One of the variables is the “HUD-VASH Program that combines the Department of Housing and Urban Development (HUD), Housing Choice Voucher (HCV) rental assistance for homeless veterans and their families with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community.”

Here lies one of the problems with the program, “Eligibility” as defined on the Veterans Affairs Website; “Veterans who are appropriate for this program (should read, “Any Veteran”) must be VA health care eligible Veterans.” VA makes that determination.

Most healthy veterans and their and their families never apply for their veteran benefits as part of their transition from the military. Others that have been wounded or injured during the service often are provided with a Veterans Service Officer to complete their benefits package as they transition from the military.

Those service members that never apply to the VA are not in the VA system. When they run into difficulties and when they become homeless, the VA can’t help them with HUD-VASH.

PROPOSED SOLUTIONS:

- There needs to be a “Hand Off” between the Military Personal System to the VA Medical System to prevent this from happening so the service member is in the VA System and able to deal with any difficulties, such as veteran homelessness.
- There also needs to be a program that is part of the service members transition process when they leave the service, a Veteran Service Officer should be assigned to the service member to aid that veteran in insuring that his or her information is in the VA System.

“Success” needs to be to help prevent and preempt veteran’s homelessness and that means providing a smooth transition with all available resources for the transitioning veterans and their families and also a safety net of available resources when life takes a wrong turn for that veteran.

Other variables are the job market, the housing market (to include available low-income housing), and mental health issues including PTSD. All these variables factor into answering the veteran's homelessness issue.

Prepared Statement of Greg Anglea

Introduction

Increased Federal funding to address Veteran homelessness is working. Since 2010 the number of Veterans experiencing homelessness on a single night in the US has decreased nearly 50% from 74,000 to 37,800 in 2018. That's the good news. The bad news is that 37,800 men and women who sacrificed to protect our country are now struggling in homelessness. They answered the call to service, yet their country is now failing to help them in their time of crisis. This is unacceptable. As a nation, we must do better.

In order to do better we should take two actions:

- 1) Increase funding for Veterans housing programs which are working but currently at capacity
- 2) Fix just a few gaps in the current system by preventing more Veterans from becoming homeless, more efficiently connecting Veterans to existing housing programs, and strengthening support for disabled senior Veterans experiencing homelessness

Build Upon Proven Success, Overcome Current Gaps

Between 2010 to 2017, Federal funding to address Veteran homelessness increased from \$713M to \$1.65B. This increase went almost entirely toward housing-focused Veteran programs:

- **VA Grant & Per-Diem Program:** Transitional Housing
- **VA Supportive Services for Veteran Families:** Rapid rehousing rental assistant to end or prevent homelessness
- **HUD-VA Supportive Housing (VASH):** Permanent housing voucher with supportive services for disabled Veterans

Put simply, if we want to help end homelessness for Veterans today, and prevent more from becoming homeless tomorrow, we must increase funding for Veteran housing programs. Locally here in San Diego we have at least 1,100 Veterans experiencing homelessness. Most would benefit from these housing programs were they not at full capacity, and therefore inaccessible.

Increased funding since 2010 has expanded the scope and scale of housing and supportive services for Veterans at risk of homelessness. While we must continue to scale with increased funding, we also must modify scope to address critical gaps in services. I will use the remainder of my time to identify these gaps and propose reasonable solutions.

1. Veteran-Focused Services

The programs I've described are usually very effective for the Veterans who qualify and can access. But if you're homeless, how do you know where to go, who to talk to, and what you qualify for? The VA and HUD contract with local service providers to provide housing programs and services, which usually have very particular criteria. Those providers, including my own organization, are paid to fulfill the terms of particular programs. For example, social workers within a VA Grant & Per Diem Transitional Housing Program are funded to help Veterans who can qualify for that particular program. There is scant Federal funding for programs designed to help any Veteran in need.

Locally we have private philanthropists who have pooled resources to pilot a program to meet this need, funding a Veterans Housing Stability Case Manager who can serve all Veterans in need. Let me share the impact of this person-centered model:

Jacob* (name changed to maintain confidentiality), a 39-year-old Marine Corps Veteran, was referred to Interfaith Community Services by the Veterans Association of North County. On a limited income from disability benefits, due to injuries sustained during military service, Jacob had exhausted his personal savings. As a result of his disabilities, Jacob was also unable to work to increase his income, he fell behind on the rent, and in February 2019 was evicted. His disabilities so significant he was unable to move himself and his belongings. Jacob and his children were now homeless.

Jacob's Veterans Housing Stability Case Manager connected him with a VA Benefits representative who was able to increase his service-connected disability benefits to 100 percent. This same Housing Stability Case Manager helped Jacob find an apartment he could afford. Through another program within Interfaith, Jacob was able to obtain financial assistance to pay for the required move-in costs. Jacob and his children were able to end their homelessness within three months of working with the Housing Stability Case Manager for Veterans.

Through the Grant & Per Diem program, the VA released a funding opportunity this year for what they called a "Case Management Program", which appeared aimed at meeting this void of Veteran-focused services. Unfortunately the design was too restrictive and the funding too minimal to cover the expenses of the services. Locally, despite the significant number of Veterans in San Diego experiencing homelessness on any given night, no local provider that I'm aware of even applied for this new VA Case Management Program grant; evidence of its inadequate level of funding.

We need more Veteran-focused, not program-focused, professionals available to help any Veteran in their time of need. This will fill a critical service gap and increase the efficiency of existing Veteran programs by increasing ease of access.

2. Need for Flexible Funding to Prevent Homelessness

The launch of the VA Supportive Services for Veteran Families (SSVF) in 2012 prioritized Veterans currently experiencing homelessness. Only a very small percentage of funding available to prevent homelessness for those at imminent risk of eviction. Locally, we see those homeless prevention dollars expended so quickly, they are rarely available when needed. Last year my organization was awarded a Federal grant to provide small amounts of rental assistance to prevent families from becoming homeless. It was supposed to be a 12-month grant. We were able to prevent homelessness for 41 families. I share this to demonstrate the dire need for flexible homeless prevention dollars, because that 12-month grant was allocated in just 10 days. Prevention works too. All 41 of those families are still housed.

Please increase short-term, crisis-based rental assistance to prevent homelessness for Veterans and their families. At my organization we can usually prevent homelessness for less than \$1,000 per household. Once that same family becomes homeless it will cost more than \$10,000 to effectively get them back into housing.

Clarissa* (name changed to maintain confidentiality), a 37-year-old Navy Veteran and single mother of four children ranging in age from one to 14 years old, was referred to Interfaith by her Veterans Affairs Supportive Housing Case Manager and 2-1-1 San Diego. Clarissa and her children were living in a rental property in Chula Vista when her landlord informed her that her lease would not be renewed. At this time, Clarissa was attending classes to obtain her Associate's degree, and receiving supportive housing services through the HUD-VASH. Given her status as a student, Clarissa's income was limited to \$738/month from child support, and she was receiving food assistance through CalFresh. As such, Clarissa did not have extra money available to save for a rental deposit for a new home and moving costs, she and her family were facing an imminent return to homelessness on June 1, 2019 if she were unable to secure the funds needed for a rental deposit. In addition, Clarissa faced significant challenges with finding and obtaining approval for another rental property, as her credit had suffered significantly due to circumstances that occurred during previous periods of homelessness.

With assistance from Interfaith, Clarissa was able to obtain approval to move into a three bedroom, two bath home in Chula Vista, which required a deposit of \$2,350. Interfaith was able to help Clarissa with the deposit, using flexible rental assistance funding to prevent her and her children from becoming homeless. Her HUD/VASH voucher will provide ongoing support until her income increases and she can be self-sufficient, giving her time to stabilize herself and her family.

More flexible funding is needed to prevent Veteran mom's like Clarissa from becoming homeless. Even Veterans connected with existing federally funded housing programs are at-risk of falling back into homelessness. Focused homeless prevention funds are a wise investment, much more efficient than waiting until a Veteran or Veteran family becomes homeless. Prevention also avoids the traumas often experienced during homelessness.

3. Enhanced Care for Aging and Disabled Veterans Experiencing Homelessness

Individuals experiencing homelessness tend to 'age faster,' they have a shorter life expectancy, more physical health problems and often present far older than their chronological age. As a result many are disabled/unable to work before they reach retirement age and become eligible for Social Security. There is a serious need

for services for the aging/senior population. For years my organization met this need with VA Grant & Per Diem (GPD) level of supportive services, we worked primarily with very disabled, senior Veterans. Hundreds of Veterans graduated from this program into permanent housing of their own, most often utilizing the HUD-VA Supportive Housing program. However the VA Grant & Per Diem reimbursement rate of \$47.36 per Veteran per day is simply insufficient to cover the costs to meet the needs of these senior, disabled Veterans. The program I've described was closed in 2017. VA GPD funding for transitional housing works very well for higher functioning Veterans. A stepped-up level of funding and care is needed for disabled, senior Veterans experiencing homelessness.

Between April 2017 and October 2018 Interfaith Community Services worked with a 79 year-old disabled Navy Veteran (Bill*). Bill had come into our program after being brought in by a distant family member who said that the Veteran was homeless and needed a place to live. Bill struggled with cognitive functioning and short-term memory issues. He had difficulties remember dates of appointments, keeping track of his medications, and managing his money. Bill had no significant relationships in his life, and was vulnerable to predators who pretended to be his "friend" in order to gain access to his service-connected disability benefits. Even with multiple interventions, education, and intensive supports from his case management team and the VA, Bill continued to be defrauded out of his financial benefits by scam artists. Bill also suffered from paranoia and mood swings, but refused to complete a neurological assessment through the VA, and would not follow through with supports to help protect his money, let alone follow up with Primary Care. Bill required a higher level of care, but there was nothing available in the community that would meet his needs. Due to his increasing paranoia Bill eventually left the program and returned to homelessness.

A higher level of care could have helped Bill. \$47.36 per day will not cut it.

The VA does fund a limited number of higher level Recuperative Care programs, for Veterans who are ready to discharge from local hospitals but do not have a home to recuperate in. My organization provides 16 VA-funded Recuperative Care beds in Escondido. In 2018 we helped 88 Veterans with Recuperative Care. 78% stabilized the physical or mental health condition they were initially hospitalized for and graduated to stable housing. Recuperative Care programs work and they should be expanded.

For the growing senior Veteran homeless population, a step-up model is also needed, an option that can provide a higher level of care for people like John, but whom do not need hospital-level Recuperative Care.

4. Modify HUD Definition of Homelessness

Under the HUD definition of homelessness, Veterans residing in an institutional setting for more than 90 days are no longer considered homeless, and therefore ineligible for homeless programs, including SSVF.

Example: Veteran Mark was homeless and has substance abuse history. He is placed in the San Diego Aspire Center 90 day intensive treatment program. Once discharged from that program, Jon is no longer eligible to receive rapid rehousing services and is forced back on the streets.

Please modify the definition so as not to limit Veterans from receiving needed services after just 90 days in treatment in an institutional setting.

Conclusion

To summarize:

- Increased funding from 2010 - 2017 reduced Veteran homelessness nearly 50%
- The Transitional Housing, Rental Assistance, and Permanent Supportive Housing programs funded through that increase are working, though many who qualify do not receive help because the scale of these programs must be increased
- We must also modify in scope how we address and prevent homelessness.
- Many, like Jacob, simply did not qualify in their time of crisis. In his case he was helped through privately-funded resources. Many though are not so fortunate. More veteran-focused services and flexible, homeless prevention funds are critically needed, like those that helped Clarissa.
- In other cases, like that of Bill, the available programs simply don't meet the need. A level of care greater than the current Grant & Per Diem Transitional Housing rate of \$47.36 per day is needed to care for disabled, senior Veterans at risk of and experiencing homelessness.
- For this with the most severe health needs, additional Recuperative Care is needed.

Thank you for your time today, for inviting me to share our experiences and expertise helping Veterans and Veteran families overcome homelessness. I look forward to and offer anything that Interfaith Community Services or myself can do to help this committee in your work.

Prepared Statement of Tamara Kohler

Chairman Levin, Ranking Member Bilirakis, and distinguished members of the Senate Committee on Veteran Affairs, Subcommittee on Economic Opportunities

Introduction

My name is Tamara Kohler, I am the Chief Executive Officer of the Regional Task Force in the Homeless (RTFH) for the San Diego area. On behalf of our Board of Directors and members, I thank you for the opportunity to share our views with you this morning. The Regional Task Force on the Homeless is the Housing and Urban Development (HUD) Continuum of Care (CoC) for the San Diego County, the second-largest county in the State of California. We have a large geographic area and population, for context the population in San Diego County is nearly 3.4 Million, a population larger than 22 of the states in the nation.

We are one of over 400+ CoC across this nation designed to promote a community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

We work collectively with our funding partners, such as the Veterans Administration (VA) to tailor a local homeless crisis response system through data-driven planning, purposeful collaboration, targeted aligned resources and coordination of efforts while providing guidance and technical assistance around proven evidence-based practices and emerging promising practices to effectively and efficiently use resources to address and alleviate homelessness. This includes all efforts undertaken with local, state and federally funded agencies, faith-based organizations, non-profit organizations, health organizations, and others. These programs provide outreach, prevention, diversion, emergency shelter, transitional housing, short term rental assistance, housing subsidies and supportive housing along with food, health services, employment services, connection to social services, legal aid and case management support for thousands of homeless in our region, both sheltered and unsheltered, those at-risk, and formerly homeless each year.

I appreciate the opportunity to focus on Veteran homelessness in this statement.

What we know about homelessness Nationally:

In 2017, over 550,000 people are experiencing homelessness on any given night, with 40,056 veterans and 35% unsheltered.

What we know about homelessness in California:

In 2017, over 134,000 people are experiencing homelessness on any given night, with 11,472 veterans and 68% unsheltered.

Veterans experience homelessness in every state but nearly one-third reside in just two states, California (24.5%) and Florida (7.4%), according to 2017 PIT estimates.

With these numbers in mind, I will focus my statement and testimony on two areas - risks factors of veteran homelessness and two highly vulnerable veteran subpopulations- female veterans and elderly veterans.

Focus: Veterans risks factors for homelessness

Housing affordability:

With rents rising much faster than wages, the burden of affording rent is looming larger and larger for many veterans, especially those that are aging and on fixed incomes, and, in, some cases becoming insurmountable.

According to the Zillow Group Consumer Housing Trends Report 2017, 79 percent of renters who moved in the last 12 months experienced an increase in their monthly rent before moving to a new place. And over half (57 percent) said that hike was a factor in pushing them out the door and into another rental. Only 21 percent of renter households didn't report experiencing a rent increase.

Nearly a third (30 percent) of households nationwide, representing roughly 73 million adults, report they're struggling or just getting by financially. Most extremely low-income Americans spend greater than 50% percent of their income on rent. Increasingly, major metro areas are becoming out of reach for those who aren't earning more than minimum wage, and this is becoming increasingly true even in markets that have historically been more affordable. This is especially difficult on those on fixed incomes.

As an example, according to the National Low Income Housing Coalition, San Diegans need an income of nearly \$30 an hour to afford a 1 bedroom unit at 30% of their income.

In our regions Point-in-Time count survey the question was asked, what do you need to end your homelessness? 60% stated a rental subsidy or financial assistance. Increases in rent, tight rental markets and limited housing stock all contribute to the difficulty finding adequate and affordable housing and our HMIS data shows higher than the national average returns to homelessness after housing assistance due to unaffordable rent without assistance.

Limited resources for Prevention and Rapid Resolution:

Housing ends homelessness. This includes preventing homelessness by maintaining current housing. Conditions that increase veterans' risks for experiencing housing instability and homelessness include poverty, unemployment, and economic hardships, trauma, mental health conditions (including but not limited to PTSD), substance use disorders, family or relationship conflicts, disruptions in connections to social support networks, social isolation, and incarceration. These episodes of homelessness can be rare, brief and non-recurring if we can address them quickly with flexible resources within Prevention and Rapid Resolution SSVF funding. We need more information to help understand which Veterans and their families are most at-risk of experiencing homelessness. Is it a combination of risk factors? This information will help to tailor prevention strategies.

Increasing resources for targeted prevention and rapid resolution efforts are needed, especially in areas of high rent costs, for our highly vulnerable veteran households and those on fixed incomes. This funding needs to be more flexible, client choice focused and include financial assistance, case management, and safety net system coordination among the services. Increasing the funding will allow us to collect better data to help determine which Veterans risk factors are having the most devastating effects that result in homelessness.

Focus: 2 rapidly increasing vulnerable homeless veteran subpopulations, and those at risk of homelessness:

Aging population:

Older Veterans are expected to be a majority of the population of Veterans who experience or are at risk of homelessness in the coming years. As members of this group get older, they are likely to have increasingly complex and age-related needs. Among participants in the VA's transitional housing programs, a significantly greater proportion of Veterans age 55 or older have serious medical problems, compared to younger Veterans, making them especially vulnerable to experiencing negative consequences related to homelessness.

Homeless veterans are not just aging their needs are vastly different than younger veterans. With the greater numbers of Elderly, Homeless Veteran come significantly different challenges than our system has been designed to serve. Long term healthcare issues and independent living options will become greater challenges and housing options more limited. Attention to this emerging urgent need is needed by both the VA and HUD CoC Homeless system.

Data from the RTFH Homeless Management Information System (HMIS) for the San Diego CoC shows significant increases in our population over the age of 62 in just 2 years. In the 1st quarter of 2017, 1 in 5 or 20% of veterans were 62 or older, 2 years later in the 1st quarter of 2019, 1 in 4 or 26% of veterans are now 62 or older.

Additionally, during this same time frame in 2017, 12% of those served with SSVF Rapid rehousing were 62 or older, in 2019 it has increased to 18%. We need more permanent housing resources and options for elderly homeless veterans who are currently being served by short term SSVF.

Female Veterans:

Women make up more than 15% of all active-duty members of the armed forces and are expected to be about 12% of the nation's Veterans by 2025. With this increase, there will likely be an increasing number of women Veterans who are experi-

encing or at risk of homelessness in the coming years. Compared with their non-Veteran peers, women Veterans report higher rates of childhood maltreatment: physical, emotional, sexual abuse - 1/3 enlisted women have a history of childhood sexual abuse. Women Veterans generally-and homeless women Veterans, specifically-have reported joining the military to escape family violence or other pre-military adversity.

Veteran women are more than twice as likely as non-Veteran women to experience homelessness.

The characteristics of Veteran women who experience homelessness are different from Veteran men. More than one-third of Veteran women who experience homelessness have experienced military sexual trauma (MST), and they have lower rates of substance abuse and mental health problems than Veteran men who experience homelessness.

For Veteran women, and women in the general population, intimate partner violence (IPV) is also associated with and contributes to homelessness and housing instability. Women Veterans face an elevated risk of experiencing IPV, compared to women who have not served in the military, and women patients are screened for recent IPV when they receive outpatient care at VA medical facilities. One study of VA health records found that nearly one in four (24%) women who screened positive for IPV within the past year were also experiencing homelessness or housing instability, compared to one in ten (10%) women who screened negative for IPV. When adjusting for age and race, women who screened positive for past-year IPV were nearly three times as likely to be experiencing homelessness or housing instability, compared to other women Veterans.

Finally, Veteran women experiencing homelessness are more likely to be a part of a family with children, compared to Veteran men. Focused attention to Homeless Prevention and Rapid Rehousing for Female veteran households with a sense of urgency and focus safe housing options are imperative. These services need to assess for and address experiences of trauma and housing instability together and ensure access to mental healthcare, especially related to MST, IPV, and PTSD.

Focus: Building on Success

VASH, GPD & SSVF:

Without question one of the most impactful and successful coordinated efforts to address homelessness has been the partnership between HUD and VA in the VASH voucher programs. This single dedicated resource has reduced the numbers of veterans significantly with nearly a 50% reduction along with the introduction of the SSVF programs to rapidly rehousing and prevent homelessness for veteran families.

Updates to the GDP programs have been beneficial in allowing for bridge housing within its programming. The VA can allow for facility upgrades to meet the safety and security needs of women veterans, veterans with chronic mental health issues, and aging and disabled veterans - all rapidly growing populations. GPD programs need to capitalize on expertise in outreach, case management, and landlord engagement to make homelessness brief and non-recurring.

The continued options within SSVF are transformational with Rapid Resolution and the most recent opportunity with SSVF shallow subsidies. In which 12 communities, one of which is San Diego, will model the shallow subsidy option for high-cost rent areas. This focused attention to housing affordability as a primary factor contributing to homelessness and housing instability makes this longer-term modest subsidy a welcomed option.

Focus: Data-driven decisions

Despite these areas of success we are missing critical information on the characteristics and needs of Veterans who experience unsheltered homelessness to better tailor and target strategies and resources. We need greater data collected by outreach on the unsheltered population. We need to better understand the risk factors for returns to homelessness among Veterans being served by the HUD-VASH and SSVF programs and more data on the numbers of Veterans experiencing homelessness who have dishonorable discharges or are otherwise not eligible for VHA health care services.

Conclusion

Thank you to the committee for holding your field hearing here in Southern California on the Veterans homeless crisis. Nowhere is the struggle more real as those experiencing homelessness tonight are more likely to be unsheltered than sheltered or housed. We must acknowledge there are continuing and growing serious issues and major challenges in this work and it will take our best efforts, collectively and

individually to dig deeper, to stretch our understanding, and test our assumptions, and be bold in our determination and decisions. We must not be afraid to act, to learn, analysis and coordinate at the system level not only as individual programs or funding sources but as leaders too. We need to be nimble and act with urgency to address local homeless issues and scale up proven practices that the data show are effective. We must fully utilize all of the resources we have as efficiently and as collaboratively as possible. We ask this committee to continue to fully fund the VA homeless and housing programs and work to increase these dedicated resources to serve veterans so their homelessness may be rare, brief and nonrecurring. We need to return dignity to our citizens, and remove the demoralizing effects homelessness has on communities that struggle to meet the needs of its most vulnerable citizens and Veterans.

STATEMENT FOR THE RECORD

National Coalition for Homeless Veterans

Chairmen Takano and Levin, Ranking Members Roe and Bilirakis, and distinguished Members of the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity:

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and Federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

Since June of 2014, 77 communities and three states have achieved the Federal benchmarks and criteria for ending veteran homelessness. This is an important proof point highlighting that ending veteran homelessness nationwide is in fact, an achievable goal. We have seen the annual point-in-time (PTT) count of veterans experiencing homelessness decrease by nearly 50 percent since 2009, largely a testament to the dedication and hard work of local service providers, community partners, and Veterans Affairs Medical Center (VAMC) staff. While in the abstract this is progress toward the goal of ending veteran homelessness, in real tangible terms, it is life changing for the thousands of veterans who are now stably housed.

However; this progress is challenging to maintain, requiring a dedication to surpassing the status quo, and we can not afford to rest on our laurels. With 37,878 veterans experiencing homelessness on a given night according to the latest PTT count, we still have much work to do across the nation. From NCHV's perspective, even a single homeless veteran is one too many. The need is paramount that we double down on our efforts to ensure that homelessness is rare, brief, and non-recurring, for veterans and all Americans.

For communities and their providers, this means looking at community-level data to not only identify acuity but to ensure that service providers across the community have the resources, expertise, and the will to partner to meet these needs. Providers must continue to implement evidence-based strategies like Housing First that help homeless veterans quickly access permanent housing, employment, and any resources they may need to attain housing stability. This also requires partnering with other providers to create housing-first-oriented systems that incorporate a variety of housing interventions, including appropriately-sized transitional housing options in communities where these facilities fill gaps in services or where the housing crisis is so extreme that permanent housing placement takes longer than it should. We need to recognize that successful implementation of this model also includes access to health and mental health care, and wraparound services like benefits assistance and employment and training services to ensure that a placement is indeed sustainable. The needs of veterans must come first, thus it is NCHV's position that Housing First should never mean housing only. It is also NCHV's view that shelter and services alone can not solve this problem. Deep investments in affordable housing must be paired with solid implementation of housing-first oriented systems and housing-first interventions in order to see true success.

Congress must ensure that the key programs that serve veterans experiencing homelessness are sufficiently funded, not only because it is the right thing to do for

those that have served, but because Congress has taken the issue on as the first step in reducing overall homelessness across the nation. At NCHV, we do not advocate for the unqualified growth of resources for the sake of expanding programs. NCHV recommends the following authorizing and appropriations levels for the key programs below:

- Homeless Veterans Reintegration Program: \$100 million
- Grant and Per Diem: \$300 million
- Supportive Services for Veteran Families: \$400 million
- HUD-VASH: \$40 million for new vouchers

HUD-VASH

Homelessness is a multifaceted and complex problem that differs for each veteran experiencing it, thus interagency collaboration is needed to address these issues. One great example of interagency collaboration is the Supportive Housing or HUD-VASH program, which has allowed VA to focus resources more efficiently by pairing VA-funded case management with a HUD-funded Section 8 voucher for the most vulnerable veterans. Congress has been very generous with the creation of new HUD-VASH vouchers since 2008. NCHV applauds the foresight entailed by this consideration, and thanks Congress for these vouchers on behalf of the tens of thousands of veterans who have been and are currently being housed.

Yet, the simple fact remains that there is still much unmet need across the country. A recent survey of NCHV members indicated that 86% of our respondent communities still had an unmet need for permanent supportive housing and had a waitlist of veterans for HUD-VASH. As such, NCHV is calling for an increased investment in the effective HUD-VASH program to address the entire homeless veteran population by simply covering the wait lists as intended. While Vouchers have been effective, the continued messaging to communities regarding the ability to project-base these vouchers is a crucial consideration. The affordable housing crisis in the US is widespread. It is most acute in urban areas, particularly, in the areas of the country with the highest concentration of homeless veterans: California, New York, and Florida. In certain areas of the country with extremely low rental housing vacancy rates, the ability to locate housing is the single biggest barrier to housing veterans. For many communities experiencing this crisis, the only way to find affordable housing in which to place formerly homeless veterans is to create it. Vouchers must be distributed to areas with the most acute needs and housing authorities should consider project-basing more frequently, particularly in low-vacancy, high-cost markets.

NCHV additionally recommends a change to how HUD-VASH case management is funded and delivered. Other VAMCs have case managers who focus solely on the clinical aspects of case management, such as mental health care and medication management, at the expense of case management that focuses on basic tenets of housing stability. Successful case management in permanent supportive housing must address both clinical and housing stability aspects to adequately support the client, and in too many instances, veterans are not able to access that standard of care, leaving affordable housing providers responsible for filling that gap. NCHV appreciates that Congress has generously created additional vouchers to support tens of thousands of veterans in affordable housing, however; complications in appropriating case management funds to pair with these vouchers results in delayed implementation on account of a broken appropriations process. We ask that VA funding pertaining to HUD-VASH case management be re-designated as Mandatory Spending to reflect the importance bestowed upon it. Keeping case management in the discretionary spending column hampers the cross departmental importance of its function, limiting the efficiency and effectiveness of case managers, the programs they administer, as well as negatively impacting the veterans that require their services when funding levels are insufficient or called into question in any one of the multiple Federal departments funding bills or processes.

“OTH”

Veterans who received an “Other Than Honorable” type of discharge from military service are in practice ruled ineligible for VA health or other benefits. This is true even though many studies in recent years have shown that a large portion of “Other Than Honorable” (or, “OTH”) discharges are the result of service members behavioral changes from repeat deployments or unaddressed Post Traumatic Stress (PTS). The Department of Defense has acknowledged PTS as a vector to OTH discharges, and has directed review boards for discharge status upgrades to take it into account. NCHV in the 114th Congress was proud to champion legislation that ended a two-

decades-long regulatory issue which was preventing OTH veterans from receiving VA homeless services such as the Supportive Services for Veteran Families (SSVF) program or the Grant and Per Diem (GPD) program. The reason for our support of that bill, now enacted as PL 114-315, was simple: despite a single-digit percentage of America's veterans receiving OTH discharges, they are disproportionately represented, making up 15% of the homeless veteran population nation-wide. In some urban locales the percentage of OTH veterans among the homelessness population can rise to nearly 30%. NCHV strongly supports Representative Scott Peters' recently introduced legislation that will expand HUD-VASH eligibility to veterans with "Other Than Honorable" discharges, cited as the "Veteran Housing Opportunities and Unemployment Support Extension (Veteran HOUSE) Act of 2019". We have committed as a nation to ending veteran homelessness - these men and women are veterans, and we must not leave them behind.

Grant and Per Diem Program

The Grant and Per Diem Program (GPD) plays a key role in providing transitional housing and making recovery-oriented services available for those veterans who indicate they would benefit from them. NCHV has supported the GPD reboot, as it generated several types of program models service providers can implement in order to adjust their operations more harmoniously into a housing-first oriented system of care for homeless veterans. As grantees have shifted to utilizing these models, we have heard consistently that challenges have cropped up, due to the expense of hiring higher level clinical staff with the appropriate credentials to operate certain higher-intensity models such as clinical treatment, hospital to home, clinical, and low demand. NCHV humbly suggests that Congress modify the law such that providers operating these models are eligible to receive 125% of the state home per diem amount. There is precedent for amending the per diem payment structure to accommodate the augmented needs of the Special Needs Grant population, and the higher costs of operating GPD Transition-in-Place beds, thus NCHV urges Congress to take swift action to make similar changes to ensure providers can afford to continue operating these models.

Training and Technical Assistance

As with any major change in a large Federal program, sufficient training of grantees is required to ensure the most optimal outcomes for veterans. We urge you in Congress to amend 38 USC 2064(a) to expressly authorize VA to provide technical assistance to grantees on issues related to operating their grants, national best practices, and working collaboratively with key partners. We also respectfully request that the expired authorization of appropriations language in 38 USC 2064(b) be modified to include \$2,000,000 in perpetuity for the training of GPD grantees and contractors through the HCHV program.

Data Collection

Data is a key component of an effective community-based response to veteran homelessness. HUD has mandated that grantees utilize a homeless information management system (HMTS) to coordinate local efforts to serve people experiencing homelessness and to collect client-level data on individuals experiencing and at-risk of homelessness, the services and housing interventions they utilized, and the services and housing interventions available in their communities. Data completeness improves a community's ability to coordinate services, and identify and plan for impending trends in inflow. The SSVF program has mandated its use for its grantees, and providers have been able to incorporate that into their annual budgets. The GPD program has not yet mandated its grantees to do so and many do not. The per diem payment structure does not allow for those who may be receiving the maximum per diem payment per bed, to do so without decreasing the standard of service to veterans in their programs. We merely ask that the Committees consider a legislative change to authorize an appropriation for a reimbursement of reasonable HMTS user fees for GPD grantees who are otherwise unable to access HMTS through their SSVF, Continuum of Care, or other local grants received. The improvement in data quality will improve community responses to veteran homelessness which in turn will enhance outcomes and efficiencies.

Successful Program Transitions and Adaptability

Providers in several communities that have made tremendous progress in ending veteran homelessness have raised concerns to NCHV regarding barriers to changing

their programs that arise from receiving a GPD Capital Grant in the past. There are certain communities where the population of veterans experiencing homelessness has decreased such that there are significant vacancies in local GPD programs. NCHV has heard from several providers in this situation, who are interested in transitioning away from operating a GPD grant and into operating permanent supportive housing, or affordable housing. They have been told that in order to fulfil both VA real property recapture requirements and the real property disposition requirements of the Office of Management and Budget (OMB), they would need to pay the government a percentage of the current market value of their property to fulfil the requirements of their grants, many of which date back to the early 1990s. Obviously, real property can appreciate in value dramatically over the course of several decades and in some cases these payments are prohibitively expensive for nonprofit service providers. It is the view of NCHV that no grantee should face a financial penalty for their success in achieving housing stability in their communities. Further, grantees shouldn't be required to embark on a capital campaign to pay the government in order to adjust their operations to meet their community's most pressing need. We request that Congress promulgate legislation to waive both VA real property recapture requirements and OMB real property disposition requirements for grantees who would like to leave the GPD program under certain circumstances. These would include, but not be limited to, making a long-term commitment to utilizing the property for which the grant was received to serve homeless or at risk individuals, especially veterans, by offering affordable permanent housing, permanent supportive housing, or other services to address housing instability.

Suicide Prevention

There is a correlation between homelessness and multiple factors currently being addressed by Congress including suicide. The risk for suicide among the homeless has been estimated at five times higher than that of the general population, and studies have shown the high prevalence of suicidal ideation and attempts among older homeless and at-risk veterans.

Opioid Epidemic

Further, there is significant overlap between the populations of veterans experiencing homelessness and opioid use disorders. VA's own researchers have found that veterans seeking medication assisted treatment for opioid use disorders are ten times more likely to be homeless than veterans seeking care at VA. These highly vulnerable veterans are not the type of population that should be subject to wide variability when it comes to case management.

In Summation

Thank you for the opportunity to submit this testimony for the record and for your continued interest in ending veteran homelessness. It is a privilege to work with the House Committee on Veterans' Affairs to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed.

Bills Supported by NCHV

- H.R.95 - 116th Congress (2019–2020) Homeless Veteran Families Act
- H.R.716 - 116th Congress (2019–2020) Homeless Veterans Legal Services Act
- H.R.3749 - 116th Congress (2019–2020) Legal Services for Homeless Veterans Act
- S.980 - 116th Congress (2019–2020) Homeless Veterans Prevention Act of 2019
- H.R.2223 - 116th Congress (2019–2020) Helping Homeless Veterans Act of 2019
- H.R.2224 - 116th Congress (2019–2020) Homeless Veterans with Children Reintegration Act
- H.R.2398 - 116th Congress (2019–2020) To amend the United States Housing Act of 1937 and title 38, United States Code, to expand eligibility for the HUD–VASH program
- S.767 - 116th Congress (2019–2020) Housing for Homeless Students Act of 2019
- H.R.2399 - 116th Congress (2019–2020) Homes for Our Heroes Act of 2019
- S.2061 - 116th Congress (2019–2020) Veteran Housing Opportunities and Unemployment Support Extension Act of 2019

H.R.165 - 116th Congress (2019–2020) Tmproving Access to Homes for Heroes Act of 2019

H.R.2924 - 116th Congress (2019–2020) Housing for Women Veterans Act

H.R.1856 - 116th Congress (2019–2020) Ending Homelessness Act of 2019

H.R.3272 - 116th Congress (2019–2020) Services for Ending Long-Term Homelessness Act

S.923 - 116th Congress (2019–2020) Fighting Homelessness Through Services and Housing Act

H.R.1978 - 116th Congress (2019–2020) Fighting Homelessness Through Services and Housing Act

